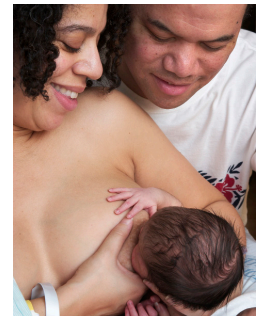


Caring for Yourself and Your New Baby



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Appendix A: Baby and Mother Safety in the Hospital

Appendix B: Hepatitis B Vaccine

Appendix C: Opioid Safety in the Hospital

Appendix D: Screening Tests for Newborns

Appendix E: Washington State Birth Filing Form

Appendix F: Whooping Cough

Appendix G: Your Baby’s First Hearing Test



Welcome

To the “Caring for Yourself and Your New Baby” book

This book was written by healthcare providers, patients, and families. At UWMC, we are committed to working with patients and their families to help them make the best choices about their health.

After months of anticipation, your baby is finally here. Whether your baby is in your room with you, in the Progressive Care Nursery (PCN), or in the Neonatal Intensive Care Unit (NICU), this is the time when you recover from birth and begin to learn how to feed and care for your new family member.



Congratulations on your new baby!

Our staff is here to care for you and your new baby. We are happy to answer your questions. We hope you will use this book while in the hospital and in the first weeks at home with your baby.

How to Use this Book

Please start reading this book right away so that you have lots of time to learn and ask questions before you go home. Reading the entire book before you leave the hospital will help you have relaxing trip home and a successful start to your new life as a family.

We suggest you keep this book on the table next to your bed. Read the sections in this order, and check each one as you finish reading:

As Soon As You Are Admitted to the Mother Baby Unit

- Baby and Mother Safety in the Hospital Appendix A

As Soon As Possible After You Are Admitted

If you had a vaginal birth:

- Pain Control After a Vaginal Birth..... pages 21 to 24
- Constipation..... pages 25 to 26

If you had a Cesarean birth:

- After Your Cesarean Birth pages 27 to 30

Things to Do on Your First Day

- Start filling out your Washington State Birth Filing form (see pages 8 to 10 and Appendix E).
- Call your insurance company and add your baby to your insurance plan.
- Have you chosen a pediatrician? When your pediatrician visits, ask when you should make a follow-up appointment for your baby.
- Bring the car seat and base to the room. Adjust it so it will be ready when it's time to take your baby home.
- Follow the Discharge Checklist on the wall in your room.
- Let your support person help you with these things!

- Pain Control After Cesarean Birth pages 31 to 34
- Constipation pages 25 to 26
- Opioid Safety in the Hospital Appendix C

To Learn About Caring for a Newborn

If your baby is in the Progressive Care Nursery (PCN) or Neonatal Intensive Care Unit (NICU), follow the baby care book they give you.

- Caring for Your Baby pages 43 to 48
- Newborn Screening pages 49 to 50
- Hepatitis B Vaccine Appendix B
- Screening Tests for Newborns Appendix D
- Whooping Cough Appendix F
- Your Baby's First Hearing Test Appendix G

To Learn About Breastfeeding

- Common Concerns About Breastfeeding pages 69 to 76
- Pumping and Storing Breast Milk pages 79 to 82

Start Preparing for Discharge Early

- Baby Blues and More pages 35 to 42
- Breastfeeding Resources pages 89 to 92
- Your Family Planning pages 105 to 110

Day Before Discharge

- Before You Leave the Hospital pages 7 to 10
- Taking Care of Yourself After Giving Birth pages 15 to 20
- Warning Signs for New Mothers pages 11 to 12
- Newborn Warning Signs pages 13 to 14

Also read these chapters so that you remember to look for them later when needed:

- Position and Latch for Breastfeeding pages 57 to 66
- Sore Nipples pages 67 to 68
- Comfort Measures for Breast Engorgement pages 77 to 78
- How Is Breastfeeding Going? pages 83 to 84



Helpful Phone Numbers

This chapter provides phone numbers you will find helpful during pregnancy and after your baby is born.

UW Medicine

University of Washington Medical Center

Labor & Delivery.....	206.598.4616
Maternal and Infant Care Clinic (MICC).....	206.598.4070
Mother Baby Unit (Postpartum).....	206.598.5600
Neonatal Intensive Care Unit (NICU)	206.598.4606

Services

Birth Certificates (Medical Records)	206.598.3478
Childbirth Education Classes	206.789.0883
Community Care Line (staffed 24 hours a day)	206.744.2500
Insurance & Registration.....	206.598.4388

Labor & Delivery Tours

..... 206.598.5956

Lactation Services..... 206.598.4628

Prenatal Diagnosis Clinic

..... 206.598.4070

Roosevelt

Pediatric Care Center206.598.3000

Women’s Health Care Center

..... 206.598.5500



You may want to add some of these numbers to your phone contacts list so that they are handy when needed.

Hall Health

Women’s Clinic at Hall Health 206.685.1011

UW Medicine Neighborhood Clinics

Call Center 206.520.5000

To find a UW Medicine Neighborhood Clinic near you, please visit
www.uwmedicine.org/neighborhood-clinics.

Harborview Medical Center (HMC)

Family Medicine 206.744.8274

Women & Children’s Clinic..... 206.744.3367

Community Clinics

Columbia City Center for Health206.296.4650

Eastgate Public Health 206.296.4920

North Public Health/NeighborCare Health at Meridian
..... 206.296.4765

Welcome to the Mother Baby Unit!

What to expect

During your hospital stay we will help you rest, recover and get to know your new baby. Our expert staff is here to help and support you.

Your Postpartum Stay

Here are some things you can expect during your stay:

- Your doctors and nurses will share information with you and your family.
- To help you recover and to keep you comfortable and safe, your nurse will check your vital signs and other signs of healing.
- Your nurse will talk with you about caring for yourself and your baby. If your baby is in one of the special nurseries, we will help you spend as much time together as possible. We want you to be able to be a part of your baby's care.
- If you want to talk with your or your baby's doctor, a lactation consultant, or a social worker, your nurse can help you contact them.



Your nurse will talk with you about caring for yourself and your new baby.

Your Visits with Healthcare Providers

- Even though your OB clinic doctor may not see you during your postpartum stay in the hospital, a doctor will check on you every day. Usually, this visit is between 5:30 and 7 a.m.
- Most Family Medicine providers visit between 8:30 and 11 a.m.
- The pediatric care team will examine your baby and review your baby's plan of care daily, usually between 10 a.m. and noon.
- Try to write down your questions as you think of them, so you are prepared for visits with your healthcare team.
- Sometimes, your care team may ask to speak with you privately.



Patient and Family Centered Care

Patient and Family Centered Care

UWMC is proudly committed to practicing patient and family centered care (PFCC).

PFCC is a partnership among you, your family, your healthcare providers, nurses, and other staff.

Our providers and staff try to model PFCC in these ways:

- Members of your care team introduce themselves.
- We explain our roles and responsibilities to you and your family.
- We offer you and your family a way to contact your care team.
- We ask who you want to have included in talks and decisions about your care.
- We explain diagnoses and care planning in terms that you and your family can understand.
- You and your family members chosen by you are actively involved in deciding which care options to put into action.
- Our team members treat you and your family with respect, using tact and compassion.
- Team members protect your modesty and dignity in all possible ways.
- Interpreters are used when communicating with patients whose primary spoken language is not English.

Please tell our providers and staff if you have questions or concerns.

Questions?

Your questions are important. If you have questions about your stay on the Mother Baby Unit, please ask your Nurse, or ask to speak with the Charge Nurse.

Before You Leave the Hospital

Important information for new mothers

Please read this chapter before you go home. It explains important forms that you will need to fill out after your baby is born and other tasks you will need to do before leaving the hospital.

When will I go home?

- After a **vaginal birth**, most moms go home after 1 night in the hospital. If you give birth late at night or in the early hours of the morning, you may need to stay 2 nights.
- After a **Cesarean birth**, you will stay in the hospital 2 to 3 days. For example, if your surgery is Monday morning, you may be ready to go home Wednesday afternoon.



After a vaginal delivery, most moms can go home after 1 night in the hospital.

Please plan for your ride home before you come to the hospital.

Prescriptions

If your healthcare provider prescribes medicines for you to take at home, you can fill your prescriptions at your local pharmacy or at the UWMC pharmacy. The UWMC pharmacy accepts many prescription plans.

If a co-pay is needed, you can pay with cash, check, Visa, or MasterCard at the UWMC pharmacy. There are ATMs on the 1st and 3rd floors of the hospital.

Washington State Birth Filing Form

Before you go home, fill out the Washington State Birth Filing form, which is in the appendix in this book. This information is sent to the State of Washington Center for Health Statistics so that a birth certificate can be made for your baby.



Fill out and turn in the Washington State Birth Filing form **before** you leave the hospital.

Give this completed form to your nurse **before you leave the hospital**. If you do not fill out the whole form (for example, if you leave off the baby's name), you may have to pay for updates and corrections.

Birth Certificates

The Center for Health Statistics in the Washington State Department of Health issues certified birth certificates. You can order a birth certificate in person, by phone, by mail, or online. UWMC will send you a copy of the "Order Form for a Certified Copy of a Birth Certificate" to help you.

Orders made in person will be processed right away. Orders by phone, mail, or online take about 1 to 2 weeks.

To request a birth certificate in King County:

- **In person:** Go to the King County Vital Statistics office, 908 Jefferson St., Seattle, WA 98104.
- **By phone:** Call 206.296.4769.
- **By mail:** Send your request to Vital Statistics, Box 359784, 325 Ninth Ave., Seattle, WA 98104-2499.
- **Online:** Go to www.metrokc.gov/health.

For more information on costs, methods of payment, and Vital Statistics office hours, call 206.897.5100.

When you receive your baby's birth certificate, put it in a safe place. It is an important legal document.

Birth Verification Letter

You will receive a Birth Verification Letter as short-term proof of your baby's birth. You can have this letter sent to your home, or you can get it before you leave the hospital.

If you want to get a Birth Verification Letter before you leave the hospital, you or a family member can take your completed Washington State Birth Filing form to Admitting Registration on the 3rd floor of the hospital, weekdays from 9 a.m. to 3:45 p.m. They will give you your Birth Verification Letter.

You can use this letter in place of a birth certificate for 60 days after your baby is born. The Department of Social and Health Services (DSHS) accepts an original Birth Verification Letter as proof of

birth. If you get aid from DSHS, you need to tell DSHS about your baby's birth.

Birth Verification Letters are available from the time of your baby's birth until your baby is 60 days old. UWMC can give only one Birth Verification Letter to each family for their baby's birth. We **cannot** replace a lost letter.

Baby's Health Insurance

Please remember to call your health insurance company and have your baby added to your healthcare policy. You will need to give them:

- Your baby's date of birth
- Your baby's gender (male or female)
- A copy of your baby's Birth Verification Letter (this is required for compliance and billing purposes)

Social Security Number

You will need to get a Social Security number for your baby. The easiest way to do this is to check the box that says, "Social Security Requested for Child" on the Washington State Birth Filing form. It will take 6 to 8 weeks for you to receive your baby's number.

If you need a Social Security number sooner, you can go to any Social Security office. There is a list of local Social Security offices under "Federal Government" in the front sections of many phone books. You can also find the locations of Social Security offices online at <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>.

When you go to the Social Security office, you must bring:

- A certified copy of your baby's birth certificate
- The Birth Verification Letter
- Your baby's hospital identification (ID) band
- The name card from your baby's hospital crib

Paternity Acknowledgement Form

If you are a single mother and want the name of your baby's father on the birth certificate, both you and the baby's father will need to fill out a "Paternity Acknowledgement" form within 10 days of your

baby's birth. Ask your nurse or social worker for information about this form.

The form must be signed by both you and the baby's father in front of a notary. Both parents will need to show the notary current government-issued **photo identification**, such as a driver's license, passport, or current state ID card.

To fill out the Paternity Acknowledgement form and make an appointment for free notary services, call 206.598.3478, or ask your nurse or social worker for help.

If you turn in the Paternity Acknowledgement form at UWMC's Patient Data Services within 5 days of your baby's birth, the hospital will send it and the information for the birth certificate to the Vital Statistics office. If you fill out the form more than 5 days after your baby's birth, you must take it to the Vital Statistics office and pay a fee.

Newspaper Birth Announcements

To protect your privacy and your baby's safety, UWMC does not give information about births to newspapers. If you decide to place a birth announcement, it should:

- **NEVER** include the family's home address
- Use **ONLY** last names

Questions?

Your questions are important. If you have questions about birth documents, talk with your nurse.

These UWMC numbers may also be helpful:

UW Medicine Release of Information: 206.744.9000

Notary Services: 206.598.3478

Notary Services are also available at:

- Registration: 206.598.4310
- Social Work (for inpatients): 205.598.4349

Footprints

We will provide you with your baby's footprints.

Medical Records

UWMC keeps a record of the healthcare services you and your baby receive while you are in the hospital. You may ask to see your record and request a copy by calling UW Medicine Release of Information at 206.744.9000.

We will not show your medical record to others unless you tell us to, or unless we are required by law to do so.

Warning Signs for New Mothers

This chapter describes warning signs that require a call to 911, your clinic, or healthcare provider. Phone numbers are listed in the “Helpful Phone Numbers” chapter at the beginning of this book.



Be sure to call one of the numbers provided if you have any of the warning signs listed in this chapter.

When to Call

Call 911 if:

- You are having a medical emergency.

Call your clinic right away if you:

- Have a temperature of 101°F (38.3°C) or higher.
- Are soaking a full-size pad or maxi-pad with blood from your vagina every hour for 2 to 3 hours, or you keep passing clots that are larger than your thumb.
- Have redness, swelling, or pain in your lower leg or thigh.
- Have a headache that will not go away even after you drink water, rest, and take acetaminophen (Tylenol).
- Had a Cesarean birth and:
 - Your incision opens or leaks fluid or blood
 - The area around your incision becomes more red, swollen, tender, or painful

Call your clinic within 24 hours if you have:

- Discharge from your vagina that smells bad.
- A hard time urinating, or have pain or burning when you urinate.

- Pain in your incision that keeps getting worse.
- A hard time eating or sleeping, or feel depressed, sad, or anxious.
- A concern you feel cannot wait until your next clinic visit.

Call Lactation Services if you have:

- A breast lump that does not soften or a red area on your breast that does not go away within 1 to 2 days.
- Sore nipples that hurt throughout your baby's feeding. Some nipple tenderness is normal, and it usually gets better by the 4th or 5th day.
- Any questions or concerns about breastfeeding.

Questions?

Your questions are important. If you have questions or concerns about warning signs, please call your healthcare provider during office hours.

After hours and on weekends and holidays, call Labor & Delivery at 206.598.4616.

For concerns about lactation or breastfeeding, call Lactation Services at 206.598.4628

For urgent concerns, call 911.

Newborn Warning Signs

This chapter lists warning signs that require a call to 911, your newborn's clinic, or your care provider.

When to Call

Call 911 if:

- Your baby is having a medical emergency.
- The clinic is closed and your baby has a problem that you feel cannot wait.

Call your baby's clinic right away if your baby has:

- An underarm temperature of 100.4°F (38°C) or higher.
- A hard time waking up for feedings, seems too tired to eat, is not interested in eating, is rarely alert, and is floppy (weak muscle tone).
- Red or hot skin around the belly button.
- Shortness of breath, a hard time breathing, or is breathing fast for several minutes.

Call your baby's clinic within 24 hours if:

- You do not already have a clinic visit scheduled with your baby's health care provider on day 3, 4, or 5, or you do not know if you do.

This visit is very important. Your baby will be weighed at this visit. Most times, the number of a newborn's pees and poops increases over the first few days of life. But how often your baby pees and poops does not always tell you how much your baby is eating. Your baby's weight is the only way to know this.

- Your baby does not seem satisfied after feedings.



Call your baby's clinic if you have concerns.

- Your baby is not breastfeeding at least 8 times in 24 hours (or bottle-feeding at least 6 times in 24 hours).
- Your baby's skin or eyes are turning more and more yellow.
- Your baby coughs or chokes a lot during feedings.
- Your baby vomits green liquid, vomits more than 2 times in a day, or vomits and has diarrhea. (Vomiting is when the stomach contents "shoot out" of the mouth)
- Your baby has a problem you feel cannot wait until your baby's next clinic visit.

Questions?

Your questions are important. Call your baby's healthcare provider if you have questions or concerns.

If your baby has a medical emergency, call 911.

Taking Care of Yourself After Giving Birth

Congratulations on the birth of your baby! Now that you are no longer pregnant, your body is going through many changes. The information in this section may help you as these changes take place.

Early Days at Home

One of our Maternity and Infant Center nurses may call you at home to see how you and your baby are doing. They will answer any questions you have.

Your Follow-up Care

You will need to have a follow-up visit with your healthcare provider. Most times, this visit occurs 6 weeks after giving birth, whether the birth was vaginal or Cesarean. Your provider may ask you to come in sooner.



After your baby's birth, remember that you need to take care of yourself, as well as caring for your new infant.

Do not miss this important visit! At your follow-up visit, your healthcare provider will check to make sure you have recovered from pregnancy and birth. We can help you make this appointment if you are seeing a provider in our healthcare system.

Physical Changes

Uterine Cramps

You may have abdominal (uterine) cramps in the days after your baby's birth. These "after pains" are caused by your uterus shrinking back to the size it was before pregnancy. They are strongest for the first 2 or 3 days and then start to ease. Please read the chapter "Pain Control After Vaginal Delivery" in this book for more information.



Breastfeeding often helps lessen breast swelling and tenderness.

Breast Swelling and Leaking

Right after birth, your breasts make a special milk called *colostrum*. Your milk volume will grow within 1 to 3 days and change to mature milk.

You may have breast swelling and tenderness when your milk “comes in” (fills your breasts). This is called *engorgement*. Read the chapter called “Comfort Measures for Engorgement of the Breasts,” and keep feeding your baby often.

If your breasts continue to be painful or swollen and hard, or you have other concerns about breastfeeding your baby, please call your healthcare provider or UWMC’s Lactation Services at 206.598.4628.

If you need to “dry up” your milk, the discomfort of breast fullness will last a couple of days, until you stop producing milk. To ease this discomfort, try:

- Wearing a snug bra
- Putting ice packs on your breasts several times a day
- Putting a binder around your breasts

To bind your breasts, wrap a towel or long piece of cloth tightly around your chest and pin it closed.

Your healthcare provider may also recommend a mild pain medicine.

Whether you are breastfeeding or bottle feeding, your breasts may leak milk. Put a soft handkerchief or a nursing pad (not plastic-lined) inside your bra to soak up the milk and keep it from leaking onto your clothes.

Vaginal Bleeding and the Return of Your Period

After childbirth, the bleeding from your vagina is blood from the area where the placenta was attached to your uterus and from the lining of your uterus.

The flow is usually heavy and bright red for the first few days. Then it changes to a pinkish color, then to brown. **If the flow ever has a bad smell, call your healthcare provider right away.**

The amount of bleeding decreases as the days and weeks pass. If you have an increase in the amount of blood or it is red again, you need to rest more. The flow of blood from your vagina may continue as long

as 6 weeks after your baby's birth. Panty liners and pads are best to use. Tampons, feminine sprays, or douches are not advised.

If you are only breastfeeding your baby and not giving any bottles, your period (menstruation) may not begin again for several months. If you are bottle-feeding, your period could begin in 6 to 8 weeks.

If you have no bleeding after the first 8 weeks and you are only breastfeeding for the first 6 months, the risk of getting pregnant is very low (less than 2%, or 2 out of 100 women). But, we strongly suggest that you use birth control after your baby is born, whether or not you are breastfeeding.

Leg Swelling

Swelling in your legs is common after giving birth. It should go away in 7 to 10 days. To help with swelling:

- Sit with your legs propped up to help the swelling go down.
- Do not wear tight-fitting shoes or clothing.

Call your healthcare provider if your leg swelling gets worse, or if you have leg pain or redness in the lower part of your leg.

Vaginal Tears or Episiotomy

You may have stitches from a vaginal tear or an *episiotomy* (a cut your care provider made at the opening of your vagina just before the birth). Be sure to keep the area clean.

Rinse the area well with warm water each time you go to the bathroom. Use the squirt bottle you received in the hospital until you do not have any vaginal bleeding or discharge. Your stitches will dissolve in a couple of weeks. Also read the chapter "Pain Control After Vaginal Delivery" in this book.

Hemorrhoids

You may develop *hemorrhoids* (inflamed veins in the rectum) late in pregnancy. They may get irritated during delivery. Make sure you tell your doctor or nurse if you have hemorrhoids. There are medicines and treatments that can ease the discomfort. Most hemorrhoids that form in pregnancy go away after the birth. Read the chapter "Pain Control After Vaginal Delivery" in this book to learn more.



Wait until you have had your 6-week checkup to go jogging, do aerobics, or do any other very active exercise.

Feeling Tired

You will probably feel tired in the days after your baby's birth. The birth itself is hard work and can use up your energy reserves. Your baby will feed every few hours in the first days and weeks at home.

Try to get as much rest as possible. Nap when you can. Try to sleep when your baby is sleeping.

Emotional Changes

The “baby blues” are emotional changes you may have after your baby's birth. Please see the chapter “Baby Blues and More.”

Activity and Exercise

For the next few weeks, take care of yourself and your baby. Ask for help when you need it, and be sure to accept help when it is offered!

Wait until you have had your 6-week checkup to begin or go back to jogging, aerobics, or other very active exercise. A slow return to your normal activities will help you recover and keep you from getting too tired.

Kegel Exercises

Kegel exercises help heal and strengthen the pelvic floor muscles. Learn to do these when you are urinating. Begin to pass your urine, then stop the flow by tightening your muscles. Hold as long as you can, up to 30 seconds, then let go and finish urinating.

Once you learn how to do these exercises, tighten and relax these same muscles several times a day when you are **not** urinating.

Nutrition

A well-balanced, healthy diet will help you heal and build and maintain a good milk supply. Dieting to lose weight is not good to do for the first 6 weeks after you give birth. Talk with your healthcare provider about your nutritional needs.

It can be difficult to cope with preparing meals and taking care of a newborn. Keeping a supply of healthy snacks on hand can help.

Iron Supplements

Some women may need to take iron supplements if they have anemia or a low blood count. Your healthcare provider may

prescribe them for you along with ascorbic acid (vitamin C). The vitamin C helps your body absorb the iron.

Immunizations After Pregnancy

After giving birth, it is safe for you to receive vaccines, even if you are breastfeeding. Several vaccines can help protect your new baby from getting serious illnesses such as whooping cough. Your healthcare providers will talk with you and answer your questions about any vaccines that you can receive at the hospital.

Resuming Sexual Activity

Couples differ in their readiness to resume intercourse. Some are ready as soon as possible after the birth, and others prefer to wait or may even feel afraid. Many factors, including vaginal or Cesarean pain, the demands of parenting, and extreme fatigue, may affect a couple's ability to relax and enjoy making love.

It is important to wait until your cervix has closed, which takes about 2 weeks. After that, it is probably safe to have intercourse when your stitches heal, your vaginal discharge disappears, and you feel ready. Be sure to use birth control, since you could get pregnant.

You may feel sore at first. You may also have vaginal dryness due to hormone changes. A water-soluble lubricant can help.

Family Planning

To help make your best decision about planning your family, see the chapter "Your Family Planning." Check with your insurance provider about your family planning coverage.

Questions?

Your questions are important. If you have questions about taking care of yourself, call your healthcare provider during office hours.

If you have an urgent concern, call UWMC Labor & Delivery at 206.598.4616.

If you have a medical emergency call 911.

Pain Control After a Vaginal Birth

This chapter explains the types of pain you may have after a vaginal birth. It includes how long your pain may last, treatment options, and when to call your doctor.

We want to lessen any pain and discomfort that you may have after giving birth. Your comfort is an important part of your recovery. It will allow you to care for yourself and your baby and help you to enjoy these precious first days with your new baby.

The 2 types of pain that are most common after vaginal birth are:

- Uterine cramps (most often while breastfeeding)
- Pain in your vagina, if you have a tear or swelling

Each person feels pain in different ways. Some of the symptoms you may have are listed in this chapter. We will work with you to make sure you are as comfortable as possible.

Uterine Pain

Symptoms

These symptoms may last 5 to 7 days after you give birth:

- Tenderness
- Cramping
 - May be more intense in pregnancies that go past term
 - May increase when you breastfeed for the first 1 to 5 days after giving birth



Being comfortable will help you bond with your baby.

Treatment Options

- Empty your bladder often.
- Place a heating pad on your abdomen, especially during breastfeeding.
- Take ibuprofen (Advil, Motrin) or acetaminophen (Tylenol). You may take these 2 medicines at the same time. Or, take one medicine to cover several hours, then take the other kind of medicine to cover the several hours after that:
 - **Ibuprofen:** 400 mg by mouth every 4 hours, 600 mg by mouth every 6 hours, **or** 800 mg by mouth every 8 hours (do not take more than 2,400 mg in 24 hours)
 - **Acetaminophen:** 650 mg by mouth every 4 hours (do not take more than 3,000 mg in 24 hours)

If you take acetaminophen for pain:

- **Make sure that other medicines you are taking do not also contain acetaminophen.** Ask your healthcare provider if you have any questions.



Call your doctor or nurse if you have any symptoms listed at the right.

Call Your Doctor or Nurse If:

- Your pain is constant.
- Your pain does not ease even after you take pain medicines.
- You have a fever of 101°F (38.3°C) or higher, or chills (**call right away**).
- You have a sudden, ongoing increase in vaginal discharge, or the discharge has a bad smell.

Pain in Your Vaginal Area

Symptoms

Soreness, discomfort, and swelling may last up to 2 weeks, depending on how severe your tearing or swelling is.

Treatment Options

- Use cold packs, such as a bag of frozen peas, for 24 to 72 hours.
 - Place a clean cloth or towel over your skin, then the cold pack. Do **not** place the cold pack right on your skin.
 - Leave the cold pack on for **only** 20 minutes at a time, not longer.

- Use witch hazel pads.
- Use a peri bottle to clean the area around your vagina, and change the peri pad often.
- Take ibuprofen (Advil, Motrin) or acetaminophen (Tylenol). You may take these 2 medicines at the same time, Or, take 1 medicine to cover several hours, then take the other kind of medicine to cover the several hours after that:
 - **Ibuprofen:** 400 mg by mouth every 4 hours, 600 mg by mouth every 6 hours, **or** 800 mg by mouth every 8 hours (do not take more than 2,400 mg in 24 hours)
 - **Acetaminophen:** 650 mg by mouth every 4 hours (do not take more than 3,000 mg in 24 hours)

If you take acetaminophen for pain:

- **Make sure that other medicines you are taking do not also contain acetaminophen.** Ask your healthcare provider if you have any questions.

If you have a 3rd or 4th degree tear:

- You may be given a prescription pain medicine to help ease pain that is not controlled by ibuprofen and acetaminophen. It is safe to use this pain medicine while you are breastfeeding. A very small amount will enter your breast milk, but there is no long-term harm to your baby from the medicine.
- You can buy dibucaine ointment at the drugstore without a prescription. This is a numbing medicine that is usually used for hemorrhoids. It can be used on your vaginal area.
 - Do **not** use dibucaine ointment if you know you are allergic to numbing medicines like lidocaine or novocaine.
 - Call your doctor if it makes your pain or swelling worse.
- Drink plenty of water and eat lots of fruits and vegetables. This helps your bowel movements stay soft so that they pass more easily.
- You may want to use a stool softener such as Colace (docusate sodium) for a few weeks. You can buy this at a drugstore without a prescription. Softening your stool eases the pressure on your tear and helps it heal. Take the stool softener with 1 to 2 glasses of water, and be sure to drink 6 to 8 glasses of water every day.



If you have hemorrhoids, drink plenty of water and eat lots of fruits and vegetables.

Call Your Doctor or Nurse If:

- Your pain is not improving over time, or it is getting worse.
- Your redness or swelling is getting worse, especially if it worsens suddenly.
- You have discharge from your vagina that has a bad smell.

Treating Hemorrhoids

If you have hemorrhoids:

- To relieve discomfort, try soaking your bottom in the special “sitz bath” your nurse may give you.
- Use medicated witch hazel pads (Tucks) or witch hazel ointment.
- Try dibucaine ointment, a numbing medicine you can buy at a drugstore without a prescription. **Do not** use dibucaine ointment if you know you are allergic to numbing medicines like lidocaine or novocaine. Call your doctor if dibucaine makes your hemorrhoids worse.
- Drink plenty of water and eat lots of fruits and vegetables, This will help your bowel movements stay soft so they pass more easily.
- You may use a stool softener to help keep your bowels soft for a few weeks. One of these is Colace (docusate sodium). You can buy this at a drugstore without a prescription. Softening your stool will ease the pressure on your tear and help it heal. Take the stool softener with 1 to 2 glasses of water, and be sure to drink 6 to 8 glasses of water every day.

Questions?

Your questions are important. If you have questions about post-partum pain, call your healthcare provider during office hours.

Constipation

Causes and tips

Causes of Constipation

- A change in the foods you eat and in your eating schedule can affect your bowel movements.
- Some prescription pain medicines can slow the process of digesting food.
- A decrease in your daily activity also slows food digestion.

Tips to Lessen Constipation

- **Take the stool softener medicine** that your doctor recommended, such as Colace (docusate sodium). You can buy this without a prescription at a drugstore or online.
- **Increase how much fluid** you drink. Drink 6 to 8 glasses of water a day, plus the liquids you drink with your meals. Signs that you are not drinking enough are:
 - You are urinating less than normal.
 - Your urine is dark-colored.
 - You feel dizzy when you stand up.
- **Eat high-fiber foods.** The best source of fiber is breakfast cereal with 5 or more grams of fiber in a serving. Some of these are Spoon Size Shredded Wheat, All-Bran, and Oat Bran. Fiber content is shown on the Nutrition Facts label on the cereal box.

Other high-fiber foods are dry and unsalted peanuts, whole wheat bread, parsnips, grapefruit, cantaloupe, cooked carrots, prunes, green peas, baked beans, kidney beans, and split peas.



Eating high-fiber foods is one way to help ease constipation.



To help ease constipation, try to eat breakfast at the same time every day.

- **Try to have meals at the same time each day.** Eating breakfast at the same time every day helps get your bowels on a regular schedule.
- **If you are allowed to drink coffee, have some at breakfast.** Coffee stimulates your bowels. Decaf coffee will work, too.
- **Drink cold or warm prune juice with breakfast.**
- **Walk or do other light exercise after breakfast** to increase the movement of food through your body.
- **Most people feel the urge to have a bowel movement about 20 minutes after a meal.** If you feel the urge, try and go.
- **Do not just sit on the toilet and read a book.** Sitting on the toilet for a long time can cause painful swelling or hemorrhoids. Wait until you feel the urge to have a bowel movement, and then go sit on the toilet.

Laxatives

Sometimes after an operation, a laxative is needed to help get things started. You can buy these over the counter (without a prescription) at any drugstore.

- **Milk of Magnesia liquid:** Works overnight.
- **Biscodyl rectal suppositories:** Work in about 20 minutes.
- **Fleets enema:** Works in about 15 minutes.

Call Your Healthcare Provider If You:

- Had a Cesarean birth and trying these tips for 3 days has not helped you have a bowel movement.
- Are sick to your stomach and throwing up.
- Feel dizzy or lightheaded when you stand up.

Questions?

Your questions are important. If you have questions about constipation, call your healthcare provider during office hours.

After Your Cesarean Birth

Congratulations on the birth of your baby! This chapter provides basic information about recovery after your Cesarean birth. If your doctor gave you different information, follow those instructions.



Let your family and friends help take care of you and your baby while you recover from your surgery.

Recovering in the Hospital

You will have these medical devices while you are recovering after your surgery:

Intravenous Line

The *intravenous line* (IV) from your surgery will stay in your arm while you are recovering. The IV is used to give your body water, sugar, salt, and sometimes medicines. It will stay in place until you can drink and eat after surgery. Once you can drink fluids well and the IV is no longer needed for medical reasons, it will be removed. This is usually about 24 hours after birth.

Foley Catheter

During surgery, a thin flexible tube called a *Foley catheter* drains urine from your bladder. It will stay in place for 18 to 24 hours after birth. You will not need to get up to the bathroom to pass urine until it is taken out. After the catheter is out, your nurse may ask you to measure your urine a few times to make sure your kidneys and bladder are working well.

Sequential Compression Devices

You will have *sequential compression devices* (SCDs) on your legs until you can get up and walk often. This is usually during the first 24 hours after birth. SCDs gently inflate and deflate around your calves to improve blood flow. They help decrease the chance of developing a *deep vein thrombosis* (DVT), a serious blood clot.

Your Incision

Your incision (cut) will be either:

- Along your pubic hairline (“bikini” or “horizontal”). The medical name for this kind of incision is *Pfannenstiel*.
- From below your navel to the top of your pubic bone. The medical name for this kind of incision is *midline vertical*.

The kind of incision you have on your uterus may be different from what you see on your skin. Most uterine incisions are *low transverse* (across the low part of the uterus). Your doctor will tell you if you have a different kind of cut, such as a *classical* (vertical) incision on your uterus. Most women who have a classical uterine incision are advised to have Cesarean births for future deliveries.

Caring for Your Incision

The bandage over your incision will be taken off after 48 hours. Your skin will be held together with stitches under your skin. You will have Steri-Strips (thin pieces of white tape) or metal staples across your incision.

If your incision was closed with staples, they will probably be removed and replaced with Steri-Strips before you go home. At home, you can shower with the Steri-Strips over your incision.

If the Steri-Strips do not fall off on their own within 7 days after your surgery, remove them. You do not need to cover your incision after that.

Precautions

- Do **not** take a bath, soak in a hot tub, or go swimming for 2 weeks after your delivery.
- **Call your doctor or clinic right away if your incision:**
 - Gets more tender or more red
 - Is oozing
 - Has a bad smell
 - Opens

Managing Pain

Please see the chapter “Pain Control After a Cesarean Birth.”

Activity Level

In the Hospital

It is important to change positions in bed after your surgery. About 10 to 12 hours after surgery, your nurse will help you sit up on the edge of your bed.

Within 18 to 24 hours, your nurse will help you to get up and walk around your room, then in the hall. Be sure to call your nurse for help before trying to stand or walk. You may feel dizzy. **Do not get out of bed without help.**

If your baby is in the Neonatal Intensive Care Unit (NICU) or Progressive Care Nursery (PCN), you can visit your baby as soon as you feel up to it and can get there safely.

At Home

You may feel tired and weak after your Cesarean birth. Be sure to allow yourself 6 weeks to rest and recover. Let your family and friends help at home so you can use your energy to care for your baby.

- A slow return to normal activity is best. Rest several times a day.
- Do not lift, push, or pull anything that weighs more than 10 pounds for the first few weeks.
- Climb stairs only if you need to.
- Never drive when you are taking pain medicines that contain *opioids*. These are substances that affect your reaction time and make driving unsafe.
- Your healthcare provider may also advise you not to drive while your incision is healing.
- Check with your doctor or other healthcare provider before going back to very active exercise such as jogging or aerobics.

Food and Nutrition

Your doctor will write an order for the type of diet to follow after your Cesarean birth. Ask your nurse when you can start to eat and drink. It will probably feel best for your first meal after your surgery to be a small one.

We advise some of our patients, including most with diabetes, to wait to drink liquids until they are passing gas. To help move gas, sit up on the side of your bed or in a chair, or walk in your room or in the hall. Remember to call a nurse for help getting out of bed.

Postpartum Checkup

Call to schedule a checkup for 6 weeks after birth, unless your provider asks you to come in sooner. The purpose of this visit is to check how your incision is healing and to give you time to talk about your concerns and questions. You may want to make a list of your questions to bring with you to this visit.

Questions?

Your questions are important. Call your healthcare provider if you have questions about taking care of yourself after a Cesarean birth.

When your provider's office is closed, call UWMC Labor & Delivery at 206.598.4616.

If you have a medical emergency call 911.

Pain Control After a Cesarean Birth

This chapter explains the types of pain you may have after a Cesarean birth. It includes how long your pain may last, treatment options, and when to call your doctor.

The types of pain that are most common after a Cesarean birth are:

- Uterine cramps (most often while breastfeeding)
- Pain in your incision

Each person feels pain in different ways. Some of the symptoms you may have are listed in this chapter.

We will work with you to make sure you are as comfortable as possible. Our goal is to lessen your pain so that you can move around and help take care of your baby. Being comfortable will also help you bond with your new baby. Remember that walking will help your body heal and lessen your overall pain.



Walking will help with healing and lessen your overall pain.

Pain Medicine

Pain medicine works best if you take it **before** you are in a **lot** of pain. If you had spinal or epidural anesthesia for your Cesarean delivery, you may have received 1 dose of a long-acting pain medicine along with the anesthesia medicine. This usually gives very good pain relief for the first 18 to 24 hours after birth.

You may be given another medicine through your IV if you still feel pain. After this, you will likely take pain pills as needed. Take the pain medicine so you will be comfortable enough to move around and feed and care for your baby.

You will need less pain medicine if you “stay ahead of your pain.” Take your medicine as scheduled, or as soon as you notice a little more discomfort. Your healthcare provider will advise you on how often to take this medicine. It is usually every 3 or 4 hours. Your nurses will talk with you often about your pain and will help make sure your pain is under control.

Incision Pain

Symptoms

These symptoms may last for **1 to 2 weeks** after your surgery:

- Soreness and discomfort along the incision
- A tugging and pulling feeling when you move
- A burning feeling at your incision site
- Numbness above your incision (it can take up to 1 year for feeling to return to this area)

Treatment Options

- Take ibuprofen (Advil, Motrin) or acetaminophen (Tylenol). You may take these 2 medicines at the same time. Or, take 1 medicine to cover several hours, then take the other kind of medicine to cover the several hours after that:
 - **Ibuprofen:** 400 mg by mouth every 4 hours, 600 mg by mouth every 6 hours, **or** 800 mg by mouth every 8 hours (do not take more than 2,400 mg in 24 hours)
 - **Acetaminophen:** 650 mg by mouth every 4 hours (do not take more than 3,000 mg in 24 hours)

If you take acetaminophen for pain:

- **Make sure that other medicines you are taking do not also contain acetaminophen.** Ask your healthcare provider if you have any questions.
- Most women take a prescription pain medicine for about 1 week after surgery. We will give you enough of this pain medicine to last 1 week.
- It is safe to use this medicine while you are breastfeeding. A very small amount will enter your breast milk, but there is no long-term harm to your baby from this medicine.

- Ask your nurse or doctor if your prescription pain medicine contains *opioids* (a kind of drug). If it does, do **not**:
 - Drive
 - Use machinery
 - Drink alcohol
 - Sign any legal papers or other important forms
 - Be fully responsible for the care of another person

Call Your Doctor or Nurse If:

- Your incision suddenly begins to hurt more.
- Your incision is red or is opening.
- You have a fever of 101°F (38.3°C) or higher, or chills (**call right away**).

Uterine Pain

Symptoms

These symptoms may last for **5 to 7 days** after giving birth:

- Tenderness
- Cramping, which may:
 - Be more intense in pregnancies that go past term
 - Increase when you breastfeed the first 1 to 5 days after your Cesarean birth

Treatment Options

- Empty your bladder often.
- Take ibuprofen (Advil, Motrin) or acetaminophen (Tylenol). You may take these 2 medicines at the same time. Or, take one medicine to cover several hours, then take the other kind of medicine to cover the several hours after that:
 - **Ibuprofen:** 400 mg by mouth every 4 hours, 600 mg by mouth every 6 hours, **or** 800 mg by mouth every 8 hours (do not take more than 2,400 mg in 24 hours)
 - **Acetaminophen:** 650 mg by mouth every 4 hours (do not take more than 3,000 mg in 24 hours)

If you take acetaminophen for pain:

- **Make sure that other medicines you are taking do not also contain acetaminophen.** Ask your healthcare provider if you have any questions.

Call Your Doctor or Nurse If:

- Your pain is constant.
- Your pain does not ease even after you take your pain medicines.
- You have a fever of 101°F (38.3°C) or higher, or chills (**call right away**).
- You have a sudden, ongoing increase in vaginal discharge, or the discharge has a bad smell.

Questions?

Your questions are important.

If you have questions about pain after birth, call your healthcare provider during office hours.

If you have an urgent concern about pain after birth, call UWMC Labor & Delivery at 206.598.4616.

Baby Blues and More

Recognizing and coping with postpartum mood disorders

Some women have baby blues or more serious postpartum mood disorders. It helps to know about these issues in advance. This chapter gives ideas for things you can do to feel better, and for how partners, families, and friends can help. Many local resources are listed at the end of this chapter.

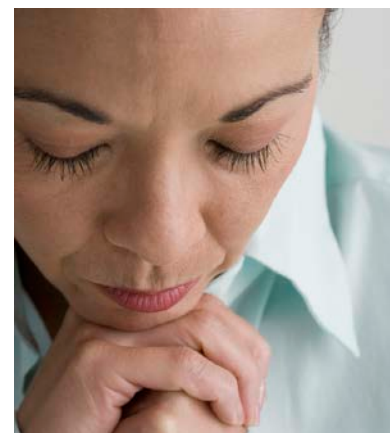
For most women, the arrival of a baby is unlike any other experience in life. Exhilaration, joy, anxiety, confusion, love, and fear are some of the emotions women and their partners feel after the birth of their baby. If this is your first baby, your world will change as it never has before. Even if you have children, the birth of each new baby brings many emotions and adjustments for the family.

In the months before your baby is born, most of the focus is on you, your changing body, and your baby growing inside of you. You and your partner may spend hours planning for your labor and birth. You may notice new mothers and fathers with their babies and dream of being a parent yourself someday soon.

Knowing About This in Advance Can Help

Most women and their partners do not know that for some new parents, the love and happy emotions may be clouded by feelings such as sadness, fear, anxiety, despair, and being overwhelmed.

Some healthcare providers may not talk about these issues during pregnancy, because they do not want to scare the parents-to-be. But, 50% to 80% of new parents (50 to 80 out of 100 new parents) have baby blues, and 20% of new mothers (20 out of 100 new mothers) have a more



For some new mothers, the joy of having a new baby may be replaced by sadness, fear, anxiety, and feelings of being overwhelmed.

serious form of *postpartum mood disorder*. Women who have had anxiety, depression, or other mood disorders in the past are at higher risk for having postpartum mood disorders.

The more you and your partner know about postpartum adjustment **before** you have your baby, the better you will be able to recognize when something doesn't feel right.

The best thing you can do for yourself is to speak up and share your concerns with someone you trust and who can get you help. This may be your partner, a close friend, your healthcare provider, nurse, or social worker. Holding in scary or negative thoughts and feelings may lead to a more serious situation.

This chapter explains baby blues and other postpartum mood problems that may require more attention. Your healthcare provider is the best person to listen to your symptoms and determine what condition you may have and the best way to treat it. **Most important, postpartum mood disorders can be treated. With help, you will soon feel better.**

Baby Blues

Baby blues affect about 50% to 80% of new mothers (50 to 80 out of 100 new mothers). Symptoms can occur anytime from birth through the first 2 weeks after giving birth.

This common condition is not considered a postpartum adjustment disorder. Baby blues are mostly brought on by the sudden change in the mother's hormones and feeling overwhelmed about being a new parent of a baby who is completely dependent on her. The symptoms may include:

- Mood swings
- Crying
- Trouble concentrating
- Difficulty sleeping
- Fatigue
- Not eating

The symptoms of baby blues may last a few hours or as long as 2 weeks. With good physical care, strong emotional support, and knowing about this condition, these symptoms usually go away on their own.



Baby blues are common. They affect more than half of all new mothers.



Women with postpartum depression may have low energy and other symptoms of depression.

If your symptoms continue or increase 2 weeks after your baby's birth, something more serious may be going on. Call your healthcare provider if this happens for you.

Postpartum Depression

Postpartum depression is a serious postpartum condition with many symptoms. It can start anytime after delivery, but most often it occurs from 2 weeks up to 1 year after the baby's birth. This and some of the other disorders can affect 20% of new parents (20 out of 100 new parents), including fathers and parents who have adopted a baby.

If you are worried that you or someone you know may have postpartum depression, call your healthcare provider or a mental health specialist.

The most common description by women with postpartum depression is "feeling overwhelmed." Women with postpartum depression usually have many of the symptoms listed under baby blues. They may have low energy and depression symptoms, or they may be hyperactive and irritable. They may also say things like:

- I can't stop feeling depressed, no matter what I do.
- I cry at least once a day and sometimes I can't stop.
- I feel sad most or all of the time.
- I can't concentrate.
- I don't enjoy the things I used to enjoy.
- I have frightening thoughts about the baby or other family members.
- I can't sleep, even when my baby sleeps.
- I feel like a failure all of the time.
- I have no energy. I feel tired all of the time.
- I have no appetite and no enjoyment of food.
- I am having sugar and carbohydrate cravings and compulsively eating all the time.
- I can't remember the last time I laughed.
- Every little thing gets on my nerves lately. I am even furious with my baby. I am often angry with my partner.



Postpartum depression can start anytime up until about a year after your baby's birth.

- The future seems hopeless.
- It seems like I will feel this way forever.
- There are times when I feel I would be better off dead than to feel this way.

Postpartum Anxiety

Postpartum anxiety can occur at the same time as postpartum depression, usually 2 weeks to 1 year after the birth of your baby. These symptoms may occur along with symptoms of depression:

- Anxiety
- Unable to concentrate
- Afraid to go out
- Fear of being alone
- Feeling trapped
- Guilt
- Irritability
- Unable to sleep
- Constant fears for baby's health
- Anger or rage
- Rapid heartbeat
- Dizziness
- *Hyperventilating* (breathing very fast, not able to stop)
- Tingling or numbness
- Nausea or vomiting
- Muscle tension
- Diarrhea

Scary or Intrusive Thoughts

A mother with a postpartum mood disorder may have scary thoughts. She may be flooded with thoughts about harm coming to her baby, such as, “What if I drop her out of the window” or “put her in the microwave.” “Maybe there is something seriously wrong with my baby.” “I am a terrible mother. My baby should have a different mother.”



Let your partner know how you are feeling.

Sometimes these thoughts are constant. They may go along with a ritual such as:

- Constantly checking and re-checking the baby
- Checking to make sure no knives are missing or getting rid of all the knives in the house
- Doing safety checks on the house and locks

Most women realize these thoughts and behaviors are due to their situation, and are not real. But a small number of women may believe their thoughts, or believe that someone outside of herself is telling her to do things. If this happens, it is much more serious. Call your healthcare provider **right away** if this happens.

The most important thing to remember is to share your thoughts and feelings with someone you trust, such as your partner, close friend, or healthcare provider, so they can get you the help you need. Call mental health services if you have any of these symptoms.

Things You Can Do to Feel Better

Here is a list of things you can do to lessen the baby blues or symptoms of depression and anxiety. You may not feel well enough to do many or any of these things. But, they can remind you that **you** hold the power to get help and to help yourself.

- If possible, rest when your baby sleeps.
- Tell your partner how you are feeling.
- Make your needs a priority.
- Ask for help.
- Avoid strict or rigid schedules.
- Give yourself permission to have negative feelings.
- Screen phone calls. Do not take calls from people you don't want to talk to.
- Do not expect too much from yourself right now.
- Avoid overdoing anything.
- Be careful about asking too many people for advice.
- Trust your instincts.
- Set limits with visitors.
- Avoid spending time with people who make you feel bad.

- Set boundaries with people you cannot avoid.
- Eat well.
- Avoid caffeine and alcohol.
- Take a walk.
- Take a bath, once your healthcare provider says it is OK.
- Set small goals for yourself.
- Stay on all medicines your healthcare provider has prescribed.
- Get out of the house.
- Decide what needs to be done and what can wait.
- Try not to compare yourself to others.
- Thank your partner for helping you.
- Do not blame yourself.
- Ask family members to do household tasks you usually do.
- Do the best you can. Even if it doesn't feel like enough, it's enough for now.
- Encourage your partner to seek support from friends and outside activities.
- Confide in someone you trust.
- Remind yourself that all adjustments take time.

Other things that may help include supportive counseling, medicine, or both. Talk with your healthcare provider, nurse, or social worker about these options.

Helpful Tips for Partners, Families, and Friends

Here are examples of helpful things to say to a mother who is struggling with a postpartum mood disorder. They can help her know you care and that you understand what she is going through. After the first list of things to say is a list of things not to say.

DO tell her:

- You know she feels terrible.
- She will get better.
- She is doing all the right things to get better (such as counseling or medicines).



There are many helpful resources for women and their partners who are dealing with postpartum mood disorders.

- She still can be a good mother *and* feel terrible.
- It's OK to make mistakes. Things don't need to be done perfectly.
- You know how hard she's working at this right now.
- You will help with the baby and chores. Let her know she can ask for your help when she needs it.
- You know she's doing the best she can.
- You love her.
- Her baby will be fine.

Do NOT tell her:

- She should get over this.
- You are tired of her feeling this way.
- This should be the happiest time of her life.
- You liked her better the way she was before.
- She'll snap out of this.
- She would feel better if only: she were working or not working, got out of the house more or stayed home more, etc.
- She should lose weight, color her hair, buy new clothes, etc.
- All new mothers feel this way.
- This is just a phase.
- Since she wanted a baby, this is what she has to go through.
- You know she's strong enough to get through this on her own and she doesn't need help.

There Is a Lot of Help Out There

There are many helpful resources for women and their partners who are dealing with postpartum mood disorders.

Support Groups

- **Perinatal Support Washington**
888.404.7763
perinatalsupport.org

Mother-to-mother support, support groups, therapists, doulas, workshops.

- **24-Hour Crisis Clinic**
866.427.4747
Emotional support, referrals.
- **Northwest Association for Postpartum Support (NAPS)**
206.956.1955
www.napsdoulas.com
- **This Is Not What I Expected! Emotional Care for New Families Support Group**
425.899.3602
Evergreenhealth.com
Free postpartum mood disorder support group for mothers, partners, and their families. Infants welcome (mother's choice). Call for time and date.
- **Wellspring Family Services**
208.826.3050
Wellspringfs.org
1900 Rainier Avenue South, Seattle 98144
Parenting support, counseling.

Individual Counseling

Many patients who have postpartum mood disorders find it helpful to talk with a counselor. Please contact your healthcare provider, nurse, or social worker for a referral.

Questions?

Your questions are important. If you have questions about postpartum mood disorders, talk with your healthcare provider.

The resources in this chapter may also be helpful.

Caring for Your Baby

Congratulations on the birth of your baby! We hope this information is helpful when you are caring for your baby at home.

Your Baby's Follow-up Visits

While your baby is in the hospital, his care will be directed by either a pediatric medical doctor or by the family medicine team if you have a family medicine doctor.

Please tell our staff who will be your baby's primary care provider when you go home. Or, if you have not chosen a provider, we can help you find one.



Your baby's first visit with a healthcare provider is an important part of his care.

Your baby's first visit with a provider will be planned according to this schedule:

- **If you go home:**
 - **Less than 48 hours after birth**, your baby needs to be seen by a pediatrician or other healthcare provider in the next 1 to 2 days.
 - **More than 48 hours (2 days) after birth**, our pediatric care provider will tell you when you should take your baby to the clinic for his first visit.
- **If you are using Medicaid or Washington Apple Health:**
 - You have 21 days to get a Provider One number for your baby.
 - You can call your WIC office or the Healthcare Authority at 855.623.9357. A representative will help you add your baby to your Medicaid plan.
 - Your baby's healthcare will be covered for at least 1 year.



Use feeding time to talk and sing to your baby.

Feeding Your Baby

Feeding is your baby's first social time. Use this time to talk and sing to your baby. The distance between your eyes and your baby's eyes in the feeding position is how far your baby can see clearly. Watch how your baby studies your face.

Feed your baby when he shows you he is hungry. This is usually every 1½ to 3 hours.

Breastfeeding

For information on breastfeeding, please see the breastfeeding chapters in this book.

Spitting Up

Spitting up is common in babies. It may occur when he burps or because he has eaten more than his stomach can hold. Even though it is messy, it usually does not mean something is wrong.

Some babies spit up more than others, but most will spit up less when they start to sit. Almost all babies stop spitting up by the time they are walking. If you are concerned about how often your baby is spitting up, call your baby's healthcare provider.

Cord Care

- Check your baby's umbilical cord stump daily. Keep the diaper below the cord stump so that air can help dry the stump.
- The cord stump will fall off in 1 to 2 weeks. Sometimes when it falls off, there may be some yellowish drainage, dark red spotting, or a small amount of bright red spotting. This is normal. But, if the area around the cord is red, smells bad, is draining pus, or is bleeding more than the size of a quarter, call your baby's healthcare provider.
- If the area around your baby's umbilical cord stump gets dirty, clean it. First, wash your hands well. Then use a clean cotton ball or washcloth soaked with warm water to clean between the cord and your baby's tummy.
- The umbilical cord area on some infants will push outward and feel squishy, especially when they cry. This is called an *umbilical hernia*, which is a small hole in the belly muscles. This is not a serious condition. It usually goes away by 12 to 18 months.



A newborn baby's skin is very sensitive. When you give your baby a bath, use just a little mild soap, or no soap. Do not use body lotions or powders on your baby's skin.

Bathing Your Baby

- You can give your baby a tub bath right from birth. Use just a little mild soap, or no soap. Do not use body lotions or powders on your newborn baby.
- Bathe your baby once or twice a week in a warm room with no drafts. Start with his face and use a corner of the washcloth to clean his ears and nose.
- You do not need to wash your baby's hair at every bath.

Cleaning the Diaper Area

Girls

- Always wipe your baby's bottom from front to back. This can prevent bladder infections. Clean gently between the folds of her skin.
- Your baby girl may have white or pink mucous coming from her vagina. **This is normal.** It is caused by the mother's hormones.

Boys

- Wash, rinse, and dry carefully between your baby's scrotum and legs.
- If your baby's penis is not circumcised, do **not** pull the foreskin back when washing. This may cause damage. The foreskin will pull back on its own between 4 and 8 years of age. No special care is needed until then.
- If your baby is circumcised, you may see some yellowish drainage around the tip of the penis. During the first week after circumcision, the skin on his penis may be red and a little swollen. In one type of circumcision, there is a plastic ring on the penis. Leave it in place. It will fall off in 5 to 8 days.

After a circumcision, call your baby boy's doctor if your baby:

- Has bleeding from his penis that does not stop
- Does not urinate within 24 hours after being circumcised
- Has any pus-like drainage from his penis



A baby's temperature is taken under the arm.

Taking Your Baby's Temperature

A baby's temperature is taken under the arm. This is called an *axillary* temperature. A normal underarm temperature is between 97.7°F (36.5°C) and 99.5°F (37.5°C).

If you think your baby has a fever:

- Put the thermometer in your baby's armpit. Make sure the tip is completely in the armpit.
- Hold the thermometer there until the beep sounds. Then read your baby's temperature.

We recommend that you do **not** use a mercury thermometer.

Call your baby's healthcare provider if your baby has a fever of 100.4°F (38°C) or higher. Also, ask the provider what temperature they want you to call about.

Dressing Your Baby

- Dress your baby as you dress yourself, based on the weather. Do not overdress your baby or cover him with too many blankets, especially when he is sleeping.
- **Do** put a hat on your baby when you take him outside. Babies can easily lose heat from their heads in cold weather. They can also get too hot if their heads are not covered in hot weather.
- Babies **do not** need sunscreen until 6 months of age. But, **do** keep your baby out of direct sun.



Always place your baby on his back to sleep.

Sleep Positions for Your Baby

Place your baby to sleep on his back to lower the risk of sudden infant death syndrome (SIDS). Research shows this is the safest sleeping position. Do **not** put soft blankets beneath your baby or plush toys in the crib. There should be only a tight-fitting sheet over a firm crib mattress.

Babies rarely sleep through the night for the first several months. Be sure to place your baby on his tummy for playtime when you are both awake. This strengthens the muscles of his arms, neck, and back.

Other Issues During the First 2 Months of Life

Hiccups

Most babies hiccup from time to time. Hiccups will not harm your baby. You do not need to try to stop them.

Sneezing

Sneezing is the natural way a baby clears his nose. It does not mean your baby has a cold.

Skin

Newborns will often have dry and peeling skin for the first 1 to 2 weeks of life. This is normal. Several other rashes are also normal in newborn infants. They are:

- **Salmon patches or “stork bites”** – patches of deep pink. These patches are usually on the back of the neck, bridge of the nose, upper eyelids, and lower forehead. They are the most common birthmarks, especially in light-skinned babies. They usually go away over time.
- **Mongolian spots** – large flat areas that contain extra pigment (skin coloring). They are greenish or blue (like a bruise) and may be on the lower back or buttocks. These are very common, especially in dark-skinned babies. They usually go away over time. You can ask your baby’s healthcare provider to note these in your baby’s medical record.
- **Milia** – tiny white bumps or yellow spots across the tip of the nose or chin. They are smooth to the touch. Do not squeeze or try to pop them. They usually disappear in the first month of life.
- **Erythema toxicum** – a rash of red splotches with yellowish or white bumps in the center. They usually appear during the first few days of life and disappear within the first week or so. They do not need any treatment.

Crying

Newborn babies cry for all sorts of reasons. They cry when they are hungry, overstimulated, tired, gassy, or need a diaper change. All babies have times when they cry and we cannot figure out why.

Beginning at about 2 weeks of life, babies start crying more. Crying will continue to increase for the next 6 weeks to 2 months before it slowly begins to lessen. This is normal.



It is normal for babies to cry more from about 2 weeks to 2 months of age.

When your baby is crying, try these things:

- Soothe her by swaddling, holding, or gently rocking her, or walking while you gently bounce her. Babies like repeated movements.
- Wrap her snugly in a blanket or carry her in a front pack or sling.

If you are concerned about your baby's crying, take her to see her healthcare provider. For more about crying, read about "The Period of Purple Crying" at www.purplecrying.info.

Crossed Eyes

Most babies will have crossed eyes at times during their first 4 to 6 months of life.

Breast Swelling

Most babies, both boys and girls, have some swelling of their breast tissue. This is from the hormones they received from their mother during pregnancy. A baby's breasts can even leak a little milk at first.

Chin Quivering

A newborn's chin often shakes or quivers during the first several months of life. This will disappear as your baby's nervous system matures.

Cough

Your baby may cough and sputter after the first few breast or bottle feedings. Coughing should stop after your baby adjusts to the feeding routine.

Moro Reflex

This is often called the "startle" reflex. It occurs when your baby is alarmed or surprised by a noise, bright light, or quick movement. He suddenly flings his arms and legs out and straightens his body.

Rooting Reflex

Stroke your baby's cheek with your finger and she will turn toward your touch with an open mouth. This is especially strong when your baby is hungry.

Questions?

Your questions are important. If you have questions about your baby, call your pediatric provider.

In an emergency, call 911.

Newborn Screening

What to expect

Washington state requires all babies born in Washington to have a metabolic screening test (see below). The American Academy of Pediatrics recommends testing for congenital disorders before babies are discharged from the hospital where they are born. Congenital disorders are medical conditions that are present at birth. Most are very rare. The tests to check for these conditions are called “newborn screening.”

Why is newborn screening important?

Even babies who look healthy could have a congenital disorder. Finding a congenital disorder early is important so that treatment can begin as soon as possible. Early treatment can help prevent serious problems, such as brain damage, organ damage, and even death. Many conditions can be treated with medicine or changes to the baby’s diet.

Newborn Metabolic Screening Tests

Newborn *metabolic screening* tests are done using several drops of the baby's blood. The blood is collected on a special kind of paper card, dried, and sent to the lab for testing. These tests are done to detect inherited problems that can lead to serious or life-threatening illness if they are not treated.

The first screening test finds most of the babies with these inherited conditions, but some conditions may not show up right away. **That is why a 2nd screening test is very important for your baby.** It is done about 7 to 14 days after birth.

Newborn Hearing Screening

Hearing screening is a short test to check your newborn’s hearing. It is important to find out if infants have hearing problems so that they can begin to receive therapy.



Your newborn will have some tests before leaving the hospital.

It is best to do this test while the newborn is asleep and about 1 day old. For the test, a soft rubber piece is placed in the baby's ear. The test is easy and is not painful, but your baby may not like the rubber piece in their ears. For more information, see “Newborn Hearing Screening” in the appendix of this book.

Newborn Pulse Oximetry Screening

Pulse oximetry screening can show if an infant has *critical congenital heart defects* (CCHDs). It is done when the baby is between 24 and 48 hours old. Without screening, some newborns with CCHDs might be missed because the signs of CCHD might not appear until after the newborn goes home from the hospital.

To do the screening test, a probe called a *pulse oximeter* is placed on the baby's right hand and then on 1 foot for a few minutes. The probe checks to see if the baby's blood has a normal amount of oxygen. Babies who do not have a normal amount of oxygen in their blood are referred to a *cardiologist* (a heart doctor) for more tests. If a heart defect is found, the newborn can receive special care.

Screening for Jaundice

Jaundice causes yellow skin color. It is common in newborn babies. It happens when a chemical called *bilirubin* builds up in the baby's blood. Newborns break down bilirubin very slowly because their liver is still developing. Jaundice can occur in babies of any race or color. Very rarely, a high level of bilirubin can harm brain cells.

At UWMC, all babies are screened for jaundice the day they are discharged from the hospital. To do the test, a device called a *transcutaneous meter* is touched to the baby's forehead to check the baby's bilirubin level. If the meter reading is higher than normal, a blood test for bilirubin may be done so that the right kind of follow-up can be planned for your baby.

Screening Results

Screening tests results can be “negative” or “positive”:

- A “negative” result means no disease was found.
- A “positive” result means there are signs the newborn may have the condition. More tests are usually needed.

If your baby's newborn screening tests show that there could be a problem, **it is important to work with your baby's doctor to get any needed follow-up tests as soon as possible.**

To learn more about screening tests, see Appendix E, “Screening Tests for Newborns.”

Questions?

Your questions are important. If you have questions about newborn screening, please ask your baby's healthcare provider.

Jaundice and Your Newborn

To make sure your baby's first week is safe and healthy, it is important to check your baby for jaundice in the hospital, help you with breastfeeding if needed, and have a doctor or nurse see your baby at 2 to 5 days of age. This handout gives information about jaundice.

What is jaundice?

Jaundice is the yellow color that is seen in the skin, eyes, and mouth of many newborns. It occurs when a chemical called *bilirubin* builds up in the baby's blood. Jaundice can occur in babies of any race or color.

Everyone's blood contains bilirubin – it is made when the body breaks down old red blood cells. This is a normal life process. Bilirubin normally goes to the liver, where it is changed into substances that the intestines and kidneys can excrete.



Newborns are checked for jaundice while you are in the hospital after birth.

Why is jaundice common in newborns?

Before birth, the mother's liver gets rid of bilirubin for the baby. After birth, it can take a few days for the baby's liver to start removing bilirubin. This is why babies may develop jaundice in the first few days of life.

If your baby's skin is bruised at birth, your baby will have more red cells to break down. This means your baby has a higher risk of jaundice.

How can I tell if my baby is jaundiced?

The skin of a baby with jaundice usually looks yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights.

Jaundice usually appears first in the face. It then spreads to the chest, abdomen, arms, and legs as the bilirubin level increases. The whites of your baby's eyes may also become yellow. Jaundice may be harder to see in babies with darker skin color.

Can jaundice hurt my baby?

Most infants have mild jaundice that is harmless. Rarely, the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice, and treated if needed.

How will my baby be checked for jaundice?

We will use a skin test or blood test to check your baby's bilirubin level before you take your baby home. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old.

Whether a test is needed after that depends on:

- Your baby's age
- The amount of jaundice
- If your baby has other factors that make jaundice more likely or harder to see

Does breastfeeding affect jaundice?

Jaundice is more common in babies who are breastfed than babies who are formula-fed. It is most common in infants who are not nursing well. If you are breastfeeding, nurse your baby at least 8 to 12 times a day for the first few days. This will help you produce enough milk and will help keep your baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor, nurse, or a lactation specialist for help.

How is jaundice treated?

If your baby has jaundice and has a:

- **Low bilirubin level:** Your baby does not need treatment. Keep breastfeeding your baby often, at least 8 to 12 times a day.
- **High bilirubin level:** Your baby will need light therapy. This is called *phototherapy*. Phototherapy helps break down the bilirubin in the skin.

Phototherapy uses special bright lights that can be in a lamp that shines over the baby or in a blanket that the baby can lie on. Sometimes we use both. Your baby's eyes are covered to protect them from the bright lights. Phototherapy usually lasts for 1 to 2 days.

- **Very high bilirubin level:** Your baby might need an *exchange transfusion*. In an exchange transfusion, some of your baby's blood is removed, and new blood is given to your baby. This is very rarely needed.

When should I call my baby's doctor?

Call your baby's doctor if:

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is:
 - Hard to wake
 - Fussy
 - Not nursing or not taking formula well

Questions?

Your questions are important.

If you have questions about jaundice, call your baby's healthcare provider.

If you have a medical emergency, call 911.

Circumcisions at UW Neighborhood Clinics

Many UW Medicine Neighborhood Clinics do circumcisions as an outpatient procedure. We respect a family's choice about whether or not to have their newborn son circumcised.

Circumcision and Your Baby

Circumcision is a surgery that removes 25% to 50% of the foreskin of the penis. It is usually done in the first few weeks of a baby boy's life.

A circumcision takes about 20 minutes. Healing takes 7 to 10 days. A baby must be healthy to be circumcised safely.

Studies show there are health benefits of circumcision.

In 2012, the American Academy of Pediatrics (AAP) stated that these health benefits outweigh the risks.

Parents choose what is best for their child. Some parents have their sons circumcised for religious, social, or cultural reasons. Others choose not to for similar reasons. See the benefits and risks of circumcision below and on the next page.



A circumcision is usually done in the first few weeks of a baby boy's life.

Benefits and Risks of Circumcision

Benefits

- A lower risk of urinary tract infections (UTIs).
- A lower risk of getting cancer of the penis. But, this type of cancer is very rare, whether or not a male is circumcised.
- A slightly lower risk of getting sexually transmitted infections (STIs) including HPV and HIV, the AIDS virus.
- Prevention of foreskin infections.



To make an appointment for your baby's circumcision, please call the UW Medicine Contact Center at 206.520.5000.

- Prevention of *phimosis*, a condition in uncircumcised males that prevents foreskin *retraction* (pulling back).
- Easier to keep the genital area clean.

Risks

- Like all surgeries, circumcision has some risks. Problems from circumcision are rare, and most times they are minor. Some of these are bleeding, infection, cutting the foreskin too short or too long, and improper healing. Be sure to talk with your healthcare provider about possible problems.
- When the foreskin is removed, it may be easier for the tip of the penis to become irritated. This may cause the opening of the penis to become too small. Rarely, this can cause urination problems that may need to be corrected with surgery.
- Some people believe that circumcision makes the tip of the penis less sensitive, causing a decrease in sexual pleasure later in life. This has not been proven by any medical or psychological study.

Circumcision at UW Medicine Clinics

If you choose circumcision, we will make sure that your baby is as comfortable and safe as possible. We give caring support and medicines to relieve the discomfort of this procedure.

Even though this is a short procedure, plan to be at the clinic for at least 1½ to 2 hours to allow full care for your baby. We want to make sure your baby is fine before you leave.

Please make your appointment as soon as you can after you give birth. We prefer to see infants **before they are 3 weeks old**. Ask your insurance company if it covers circumcisions. Many insurance plans do not pay for them. If circumcision is not covered by your plan, you must pay for it at the circumcision appointment.

To Learn More

To learn more about circumcisions, visit these websites:

- American Academy of Pediatrics..... www.aap.org
- American Academy of Family Physicians..... www.aafp.org
- Family Doctor..... www.familydoctor.org
- Healthy Children..... www.healthychildren.org

Questions?

Your questions are important. If you have questions about circumcision, call your healthcare provider during office hours.

UW Medicine Contact Center: 206.520.5000

Position and Latch for Breastfeeding

Laid-back, Cross-cradle, football, and side-lying positions

This handout describes 4 positions for breastfeeding: laid-back, cross-cradle, football hold, and side-lying. Drawings are included to help you see the positions for you and your baby. Your nurses are also ready and happy to help you as needed.

It is best for your baby's first feeding to happen right after birth. That is when babies are usually awake and ready to discover your breast. It is easiest to position your baby at your breast without blankets. Your body will keep your baby warm.

While you are still lying back in the delivery bed, you can gently put your baby on your abdomen with her face near your breast. Many babies will make movements toward your breast and even latch onto your breast without much help.



It is best for your baby's first feeding to happen right after birth.

If you wish, you can lift your breast toward your baby and let your nipple touch your baby's face. You will probably notice that your nipple stands out a bit. Your breast is getting ready for the feeding.

Wait for your baby to open his mouth wide before bringing him to your breast. Many babies will then take hold and suck for several minutes.

When your baby is latched onto your breast correctly, you will probably feel a strong pulling. Any discomfort should lessen after the first few sucks. If you still feel strong discomfort after the first 30 seconds, your baby is probably not latched correctly and it is best to stop and relatch your baby. See the next few pages for how to help your baby get a better latch.

Tips for Any Position

- Hold your baby's head in the "sniffing position" so her chin is not pushed down toward her chest.
- Encourage wide rooting: Hold your baby at your breast and express drops of colostrum or milk near her mouth and nose.
- You may need to keep your breast "sandwiched" while your baby is trying to latch and during the whole feeding.
- Your baby's mouth should take in more than just your nipple.
- While your baby is sucking, the tip of her nose should be close to or touching your breast and her chin should press in deep. Her lips should be rolled out.
- Sucking is usually rhythmic, with short pauses followed by more bursts of sucking.
- When your baby is done she will stop sucking and usually take her mouth off your breast.

Common Positions for Breastfeeding

Breastfeeding is natural, but it is not always easy. Sometimes getting your baby into position for breastfeeding takes more effort from you, your baby, and your helper. Sometimes babies need more time to learn to latch to the breast and suck properly. Your nurses are here to help you too!

Here are 4 common positions for successful breastfeeding:

Laid-back Position

The *laid-back* position can help you become comfortable with your baby. It also encourages your baby's natural breastfeeding instincts.

- Find a bed or couch where you can lean back and be well supported. Do not lie flat, but just comfortably leaning back. When you put your baby on your chest, and support him with one or both arms, his body should be nested into yours. Make sure that the whole front of his body is against your front.
- Make sure your head and shoulders well supported.
- Let your baby's cheek rest somewhere near your bare breast. Watch for him to show you he is ready to feed. You may see mouth or tongue movements, his hands may move to his mouth, or his head may bob around as he looks for your nipple.

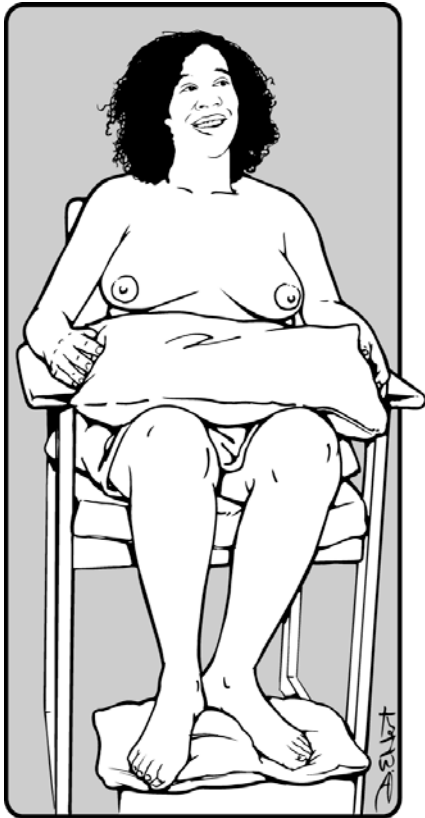


Figure 1: Mother sitting up, getting ready to feed her baby in cross-cradle position.

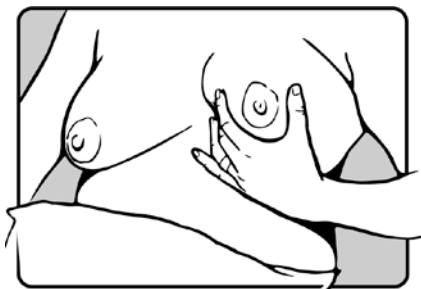


Figure 2: Hand at breast in "U" shape.

- Help your baby as much as you like. Help her do what she's trying to do. You're a team.
- You may need to hold your breast or you may not.
- Relax and enjoy each other.

The next 2 positions are *cross-cradle* and *football*. They can be most helpful if you are having a hard time with latching. It is probably most helpful to read and follow the steps in the order they are written, from start to finish.

Cross-cradle Position

The cross-cradle position allows you to support, prepare, and compress your breast so it will fit better into your baby's mouth. This position also allows you to have control of your baby's head.

Most mothers find that cross-cradle works well for either breast, but for our example we will describe it for your left breast. It is best to have a helper with you to assist with pillows and your baby.

After you are sitting up, place 1 or 2 pillows on your lap. You may need 2 pillows to position your baby high enough so that your baby and your breasts are at the same level.

- It is best to sit up as straight as you can in bed or in a chair (see Figure 1). Take some time to make sure you are as comfortable and relaxed as possible.
- Sit on an extra pillow or use some extra back support if needed.
- Your helper can tend to your baby while you get settled.
- If you are seated in a chair, your feet should touch the floor and your knees should be bent at right angles so you can put a pillow on your lap. Many women find a footstool or a box under their feet helps make this position the most comfortable.
- Scoop up your left breast with your left hand.
- Position your hand under your breast, with your left thumb pointing up along the outer edge of your areola (the dark area around your nipple).
- Curve your index finger around the inner edge of your areola.
- It is important to form this "U" shape with your hand position (see Figure 2). It will help you shape your breast to fit in your baby's mouth.

- With your hand in this position, try to **express drops of milk by pressing your finger and thumb inward toward your chest, then together behind the areola.**
- If you hold that pressure for a moment, you may see some milk. Your baby will smell and taste it. It will help her focus on feeding.
- Next, have your helper stand by your right shoulder.
- Your helper can place your baby (without blankets) on the pillow(s) on your lap. Your baby should be turned on his side with his nose directly across from your left nipple.
- Place your right hand on your baby's upper back with your right thumb and fingers grasping near his ears.
- Do not hold your right arm under your baby. It is your hand that supports his neck (see Figure 3).



Figure 3: Front view, preparing to feed.

- Hold your baby so that his nose is tipped up just a bit. This is sometimes called a “sniffing” position. Your baby’s arms can be free to “hug” your breast, one on either side. Let your baby’s body stretch out on the pillow.
- Your right arm can support your baby from behind so you can pull him in close, skin-to-skin.
- Do not be in a hurry to get your baby to latch on. Hold his head away a little bit so that his mouth is just close enough to tickle his upper lip with your nipple (see Figure 4). This can cause him to open wide to search for your breast.



Figure 4: Sandwiching the breast, waiting for rooting.

- This searching, with tongue down and mouth wide, is called rooting. Your hand stays in the “U” position.
- Compress your breast by moving your finger and thumb together as you did to express the drops of milk. Sometimes this is called “sandwiching” the breast.
- During rooting, when your baby’s mouth is open the widest and her tongue is forward, use your right hand to quickly pull your baby forward. Press on her back, and bring her body toward you (see Figure 5).
- Lead with her chin and keep the baby’s body uncurled in the slight “sniffing” position. She should get a big mouthful of breast.
- Sometimes it takes several tries for your baby to latch on well. If you need to try again, you can break suction by sliding your index finger into the side of your baby’s mouth.
- You will know he is on when you feel a strong rhythmic pulling.
- Make sure that his lips are curled out, the tip of his nose is touching your breast, and more than just your nipple is in his mouth.
- If you are not sure he is latched on well, try letting his head come away from your breast just a little bit. A baby who is latched on well will not let your nipple slip out.

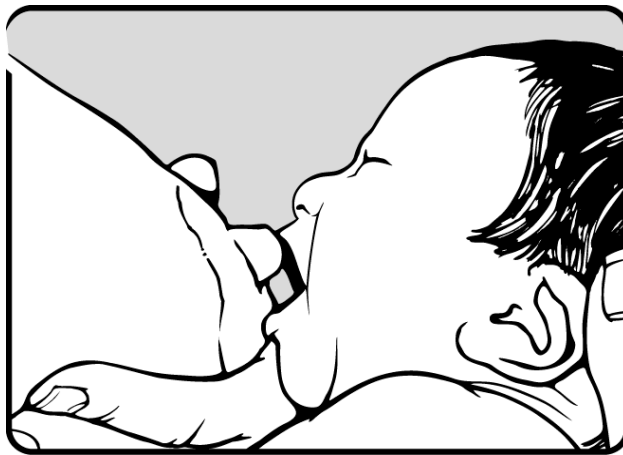


Figure 5: When your baby’s mouth is open the widest, use your hand to bring her body toward you.



Figure 6: A mother’s view of her baby in cross-cradle hold.



Figure 7: Baby in football position.

Football Position

Football position can be helpful if other positions are not working. With the football hold, a helper can easily see what is happening. This position gives you more control of your breast and your baby's body. It can also work well if you are feeding twins.

Football position works best when you are sitting up very straight.

Again, we will explain the position using your **left** breast as an example. It is best for your helper to stand by your left side.

- Sit up as shown in Figure 1 (see page 59). Move the pillow(s) from the center of your lap to the left against your side. Football position is uncomfortable if your baby is too low. It is often helpful to use 2 pillows.
- Scoop up your left breast with your right hand. Your fingers hold your left breast, and your thumb goes on the upper edge of your areola (the dark area surrounding your nipple).
- Make sure that your thumb is across from your baby's nose and your index finger is across from her chin.
- With your hand in this position, try to **express drops of milk by pressing your finger and thumb in toward your chest, then together behind the areola.**
- If you hold that pressure for a moment, you will probably see some colostrum or milk. Your baby will smell and taste that milk and it will help her focus on feeding.
- Have your helper pass you your baby. Place her on the pillow with her feet toward the back of the chair and her head in your left hand.
- Make sure her body is turned toward your breast and supported on the pillow.
- Do not try to hold your baby on your arm. Instead, slide your left hand down to hold the base of her neck, with your thumb and fingers grasping close to her ears (see Figure 7).
- Hold your baby so that her nose is tipped up just a bit. This is sometimes called a "sniffing" position.
- Your baby's arms can be free to "hug" your breast, one on either side.

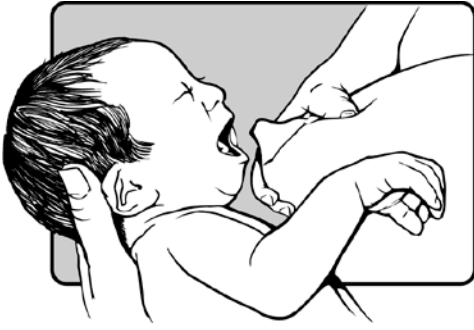


Figure 8: “Sandwiching” the breast in football position while the baby is rooting.



Figure 9: Feeding in football position.

- Do not be in a hurry to get your baby to latch on. Hold his head away a little bit so that his mouth is just close enough to tickle his upper lip with your nipple. This can cause him to open wide to search for your breast.
- This searching, with tongue down and mouth wide, is called rooting.
- Compress your breast by moving your finger and thumb together as you did to express the drops of milk. Sometimes this is called “sandwiching” the breast (see Figure 8).
- During rooting, when your baby’s mouth is open the widest, aim your nipple toward the roof of her mouth.
- Use your left hand to bring your baby’s shoulders and face in close. This will cause her chin to land on the underside of your breast. Quickly finish moving her mouth onto your breast.
- Her top lip should come up beyond your nipple and curl onto your areola.
- Sometimes it takes several tries until your baby gets hold of your breast. You will know she is on when you feel a strong rhythmic pulling.
- Make sure that her chin indents your breast, her lips are curled out, the tip of her nose is close to your breast, and more than just your nipple is in her mouth.
- If you are not sure your baby is latched on well, try letting her head come away from your breast, just a little bit. A baby who is latched on well will not let your nipple slip out.

Side-lying Position

Side-lying position can be helpful for moms who need to lie down for a feeding. You will need a helper for this position at first. Mothers have less control of the baby’s head and less control of their breast. In the hospital, it may be best to have your nurse help you with this position.

This is usually not the best position when latching is a problem. Later, when your baby has learned to latch and breastfeeding is going smoothly, side-lying position is great for night feedings or resting during feedings.

For our example, we will describe the position for your **left** breast. We will use terms you learned earlier in this chapter. You will need a helper and 3 pillows.

- Lie down flat on your left side with a pillow under your head. Turn so far onto your left side that your left breast is on the bed.
- Have your helper place a pillow firmly behind your mid-to-low back.
- Bring your right leg forward a little and bend your knee. Have your helper place a pillow under it.
- Curl your left arm up and place your hand by your face or under the pillow.
- Now your helper should place your unwrapped baby on his right side so that you and your baby are tummy-to-tummy.
- You can place your right hand behind your baby's shoulders, allowing him to be in the "sniffing position." Most women need a helper to "sandwich" the breast while waiting for the baby to latch.
- When your baby is rooting and his mouth is open the widest, quickly guide him forward and onto your breast. He should get a big mouthful of breast. It may take several tries to get a good latch with more than just your nipple in his mouth, lips curled out, and nose touching your breast.
- Once your baby is latched, it is often helpful to place a rolled baby blanket behind him for support.

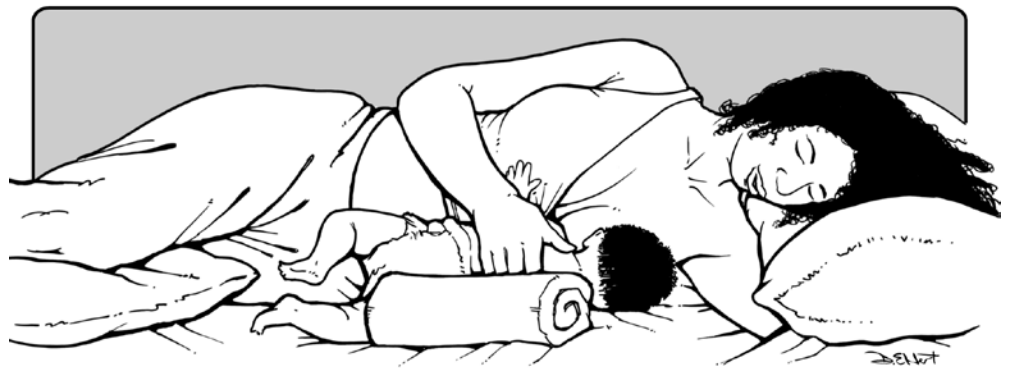


Figure 10: Feeding in the side-lying position.

Practice Makes It Easier

- Working on the latch in the first week or so is worth the effort. A good latch can prevent nipple damage. And, a baby who is latched properly gets more milk from your breast.
- After some practice sucking in a correct position, your baby will probably need less and less help latching. Soon, you will put your baby close to your breast and he will just do it!

Questions?

Your questions are important. If you have questions about breastfeeding, call UWMC Lactation Services: 206.598.4628

Sore Nipples

How to treat sore nipples

Sore nipples are common in the first week after birth. Usually, they hurt at the start of a feeding and then feel better as the baby keeps sucking. The soreness is usually worst on the 3rd or 4th day, and begins to get better after that.

Before You Start Each Feeding

If your nipples are dry and scabbed, apply warm, wet compresses for a few minutes.

Massage the *areola* (the dark part around your nipple) to soften it and to make your nipple stand out and express some drops of milk.

Even in the early days before your milk volumes increase, hand expressing milk can help prepare your breasts for a feeding. To learn more, visit <http://newborns.stanford.edu/Breastfeeding>.

During Feedings

Position yourself and your baby carefully every time you breastfeed. (See the chapter “Position and Latch for Breastfeeding.”)

If it hurts after 1 minute, stop. Put your finger in your baby’s mouth and break the latch and start again. If she doesn’t latch on easily, call us for help.

After 10 minutes, watch for changes in your baby’s sucking pattern. When there are long pauses with very little sucking, compress and massage your breast to stimulate her to suck more. If she does not suck more, break the suction and end the feeding. Comfort nursing is not a good idea while your nipples are sore.



To help sore nipples, be sure to position yourself and your baby carefully every time you breastfeed.

If Your Nipples Are Sore After Feeding

Apply a thin coat of ointment to your nipples if they are sore after feeding. You can try lanolin (Lansinoh or Purelan) or cooking oil (olive or safflower). You do not need to wash these ointments or oils off if your baby waits at least 30 minutes before breastfeeding again. If you want to remove the ointment or oil, dab gently with a warm, wet washcloth.

If You Have Cracked or Broken Skin

- **Hydrogel pads:** Between feedings, you may use a gel-pad product such as hydrogel. Hydrogel pads are non-medicated pads that can help damaged skin heal. Wear the pads between feedings. The pads can stay moist for at least 24 hours.

When you are breastfeeding, place the pads gel-side down on your chest or arm. When you're not using them, store them in a Ziploc plastic bag. Some moms like to chill them in the refrigerator for added relief.

You can buy hydrogel pads at some maternity stores and pharmacies. Byram Medical Supplies also carries them. Call 800.456.3500 or visit www.byramhealthcare.com.

- **Antibiotic ointment:** You can also apply a small amount of non-prescription antibiotic ointment (either Polysporin or Bacitracin) to your skin after feedings.

If you have oozing, redness, or deep cracks, call UWMC Lactation Services at 206.598.4628. Also see *Pregnancy, Childbirth and the Newborn* for more help on dealing with cracked or broken skin.

When to Call

Call UWMC Lactation Services if:

- You have pain throughout the entire feeding.
- The pain is not getting better by the 5th day after birth.

Questions?

Your questions are important. If you have questions about sore nipples, call Lactation Services: 206.598.4628

Common Concerns About Breastfeeding

Breastfeeding is healthy and natural. So are the questions and concerns that you may have about it.

Whether you just decided to breastfeed or you have always planned to do it, you may have questions. Even mothers who have breastfed their other children may now have a baby who feeds differently.

Your friends or family may give you *advice* about breastfeeding. We think giving you correct *information* is also very helpful as you make the best feeding choices for your and your baby.

This chapter talks about the most common breastfeeding concerns and questions.

Remember that we are here to help. If you have any concerns about breastfeeding, no matter how small, call Lactation Services at 206.598.4628. A lactation consultant can talk with you over the phone or meet with you in person.



We are here to help. If you have any concerns about breastfeeding, no matter how small, call Lactation Services at 206.598.4628.

I am not sure my baby is getting any milk.

When your baby is breastfeeding, listen closely for the sound of swallowing. At first when your breasts are making small amounts of early milk, called “colostrum,” you may hear your baby swallow occasionally. In a few days, your breasts will make a lot more milk and you will hear your baby swallow more loudly and very often.

I don't know if my baby is getting enough milk.

One way to tell if your baby is getting enough milk is to count wet and dirty diapers:

“Breastfeeding is a rewarding experience. Fun, easy, and FREE! It is also the best food your baby can get.”

“I wish someone had told me it can take work. Even though it felt natural, it took work to get a routine down and for both of us to learn how to breastfeed correctly.”

Wet Diapers

Look for at least:

- 1 wet diaper on the 1st day of life
- 2 on the 2nd day of life
- 3 on the 3rd day of life

Once your baby is 5 days old, your milk volume will increase and you will probably see at least 5 to 6 wet diapers each 24 hours.

Dirty Diapers

During the first few days after birth, your baby will most likely have **at least 1 or 2** bowel movements every day. These will start out dark and sticky and then turn brownish-green and soft. Once your baby is 5 days old, you will probably see at least 4 yellow bowel movements each 23 hours.

When you breastfeed, your baby’s bowel movements will probably look mustard yellow after the first few days. Some babies start to have fewer bowel movements after the first month of life.

Be sure to take your baby to those first follow-up visits for weight checks. **Your baby’s weight is the key factor** that tells us that she is getting enough to eat.

Your baby may be having a hard time getting enough to eat, or may not be gaining weight as quickly as expected. If this happens, your pediatrician and lactation consultant can work you with and make sure your baby is getting enough milk.

My baby is still fussy or crying, even after being breastfed.

Babies are often fussy. Sometimes they need burping or just comforting. But, in the first days, some babies need to breastfeed very often. They often do some “cluster feedings,” where they are awake for a couple hours and nursing a lot during that time. Often, after cluster feeding, your baby will sleep.

Mothers have a better milk supply and less engorgement when their babies nurse 8 or more times in 24 hours. Their babies gain weight better and have less jaundice than babies who eat less often.

Almost all babies start crying more when they are about 2 weeks old. Crying keeps increasing until about 6 to 8 weeks of age and

“Just when I was starting to wonder if my baby was getting enough to eat, my milk came in. Then she often slept a little longer after she fed and I could tell she was really getting my milk.”

“... it's love that is the most important thing I could give my baby.”

then begins to lessen. Most babies, whether breastfed or bottle-fed, spend 2 or more hours a day in a fussy or crying state. This is normal and does not usually mean anything is wrong.

Call your baby's doctor if you think your baby is crying too much.

I don't know how long each feeding should take.

Babies let you know that they are finished with a feeding by slowing down their sucking and swallowing. Your baby's body will become relaxed.

It is best not to interrupt the feeding from the first breast just to get to the other breast during each feeding. When your baby is done feeding from the first breast, she may let go of your nipple and fall asleep. Or, if she wants the other side, she will open her mouth as if searching for the nipple. You can give her a moment to burp if needed. If she is still showing feeding cues, then offer the other side.

A feeding usually lasts about 20 to 45 minutes. Some feedings are shorter and some are longer than this. In the first days, it is normal for your baby to get small amounts of your colostrum. Staying on your breast for long periods can help her feel satisfied. It also gives your breast the message to increase milk production.

If your baby is latched deeply on your breast, long feeding sessions do not lead to sore nipples. Prevent nipple soreness with careful latching, *not* with limiting feeding time.

When should I switch to the other side?

Let your baby decide when it's time to switch breasts. If your baby is satisfied, it is fine to breastfeed from just one breast at some feedings. Just start the next feeding on the other breast.

The milk your baby gets after several minutes of feeding from one breast is called *hind milk*. Hind milk is higher in fat than the milk at the start of the feeding. This makes for a well-balanced meal.

How often should my baby breastfeed?

In the first days after birth, some babies seem to be awake and eating most of the time, but others would sleep right through the feedings they need. In the first week or so, breastfeed at least every 3 hours during the day when you are awake – or more often if your baby shows feeding cues.

“The main thing that surprised me was the frequency that new babies need to be fed. I thought that every 3 hours day and night was unbelievable, but I was totally shocked when he demanded MORE feedings for quite some time...”

“Don’t let anyone discourage you from doing what’s best for your baby. There are plenty of other mothers out there that can offer support if you need it.”

If your baby is still asleep 3 hours from the *start* of the last feeding:

- Undress her and change her diaper.
- If she still doesn’t wake up, let her sleep for 15 to 25 minutes more, but watch for feeding cues (mouth movements, bringing hands to mouth, rooting). It will be easier to feed her when you see these signs than if you try to wake her from a deep sleep.

A good guideline to keep in mind is *at least 8* feedings in a 24-hour period. As your baby gets older, it will be easier to tell when she needs to eat. Then you can depend on her and not the clock to let you know when it is time to feed.

I can’t tell if my baby is latched onto my breast well.

To make sure your baby is latched on well:

- It is best to position your baby at your breast without a blanket. Remove her blanket and clothing from the waist up.
- Hold her close to you, “tummy to tummy,” with her whole body turned toward you. When her body is facing you, she can swallow easily and she doesn’t have to turn her head to nurse.
- Let her head tilt back a little. Place your nipple across from her nose. Express a little drop of colostrum or milk to help her pay attention.
- Wait for her mouth to open very wide with her tongue forward. Bring her quickly onto your breast only when you see her mouth wide.
- These are signs of a good latch:
 - Lips are curled out around your *areola* (dark skin around the nipple).
 - More than just the nipple tip in her mouth, chin, and nose are touching your breast.

If sucking is still painful after a slow count to 10, use your finger to break the suction and start over. Some babies have to learn to suck the right way. The more times they practice it right, the better they learn.

“The most helpful thing was hands-on help from the nurse.”

“I had to return to full-time work at 12 weeks. Having that special connection to my little one, that only I could provide for her, helped me deal with taking her to day care.”

Letting your baby suck in a way that is painful for you is not good for you or your baby. Ask for help if you are having a hard time getting a good latch.

My baby won't stay latched on.

Some babies have to learn how to suck well. Here's how you can help:

- In the first day or two, you may need to help your baby re-latch a few times until it seems to work.
- Sometimes a baby will seem to be on the breast correctly, but will come off easily. If this happens, it may be that she didn't get enough of your breast in her mouth to begin with.
- For step-by-step instructions, read the chapter “Position and Latch for Breastfeeding.”

After a few days, most babies have figured it out. When that happens, you will not have to pay such careful attention to latching.

My baby wants to stay latched on all day.

It is normal and healthy to have your baby in your arms and at your breast much of the time at first. This helps your baby feed often, keeps your baby warm and safe, and helps your milk come in.

By about the 4th day, you will be making more milk and your baby will likely have some longer sleep times between feedings.

Can I give my baby a pacifier?

It is best **not** to give your baby a pacifier in the early days, since this can lead to breastfeeding problems. If your baby wants to suck, put her to the breast. This helps bring in your milk and encourages correct sucking at the breast. After you have been breastfeeding for a few weeks and your baby is latching to your breast easily and gaining weight, you may find that giving your baby a pacifier from time to time does not cause problems with feeding.

My nipples hurt.

It is normal to have some tenderness as you begin to breastfeed. You may feel some pain in the first seconds after your baby latches. Then, as your baby gets into the rhythm of sucking, you will feel strong pulling, but it should not be painful.

“We had several nights of trying to work out the proper latch. She would get frustrated and then wouldn’t try. My advice is to stick with it.”

“I had a friend visit me a month after I had the baby, when I thought nursing was getting better. And she told me that it seems crazy but it is going to get even easier in a couple of months, and she was totally right.”

When your milk increases after a few days, your nipple tenderness will likely lessen. But, call the lactation consultant if:

- Your pain does not seem like normal discomfort
- Your pain does not go away when your milk increases
- You see skin damage

If you have breast pain and a fever, call your doctor or midwife. See the chapter “Sore Nipples.”

My breasts hurt.

Breasts often become engorged around the 2nd, 3rd, or 4th day after birth. This is a sign that your milk volume is increasing. See the chapter “Comfort Measures for Breast Engorgement,” pages 77 to 78 in this book.

After the normal engorgement time, call the lactation consultant if you:

- Have pain in one breast
- Feel a lump that does not soften after breastfeeding a few times

We will help find out what might be going on.

What if my baby is born preterm?

Full-term babies are born with extra fat and fluid that are meant to last until their mother’s milk supply increases, by about the 3rd day. Preterm babies are born before they have a chance to store this extra fat and fluid.

Preterm babies can also be too sleepy to feed well, or they may not yet have developed strong sucking. For those reasons, some preterm babies need extra milk or formula until their mother’s milk has increased.

We can help you express or pump to help stimulate your breasts and increase your milk supply.

I have trouble breastfeeding in public.

In the first weeks, many women do not feel comfortable breastfeeding in public. You may be working on the latch, or helping your baby learn. You may need to open up your shirt to see that your baby is in the right position.

As you and your baby get better at breastfeeding, you will most likely find that you are thinking less about how you do it. Your baby will find your breast with only a little help. Breastfeeding in public may feel more comfortable then.

To make it easier to breastfeed in public, wear tops that open wide or lift from the waist. You can also buy tops that are designed for nursing. These are available at maternity stores and online. You can also buy nursing bras that you can open with one hand.

You may be more at ease breastfeeding in public if you cover yourself with a pretty blanket, shawl, or large scarf. Or, you can use a “nursing cover,” a light blanket with a strap that hangs around your neck. A nursing cover lets you easily see your baby and gives you some privacy.

Some women just decide that private breastfeeding works best for them. If this is true for you, find private places to nurse when you are away from home. Many stores have nursing rooms or women’s lounges where you can nurse in privacy and comfort.

I’m tired. Can we feed our baby a bottle?

Studies show that giving a bottle too early (even with your expressed milk) can cause problems in breastfeeding. This is because:

- Milk production falls.
- Many babies do not nurse as well after being given a bottle.
- Many women stop breastfeeding before they planned to.

For these reasons, avoid bottles for the first 4 to 6 weeks. After that time, if you want to give your baby a bottle:

- Try to express or pump milk at about the time your baby would be eating. This will help you keep up your milk supply.
- Talk with the lactation consultant. We can help you meet your breastfeeding goals.
- Read the chapter “Pumping and Storing Breast Milk” in this book.

Questions?

Your questions are important. Call Lactation Services if you have questions or concerns:
206.598.4628

Lactation Consultants are available weekdays from 9 a.m. to 9 p.m. and on weekends and holidays from 9 a.m. to 1 p.m.

Comfort Measures for Breast Engorgement

On about the 3rd day after birth, your breasts may feel hard and swollen. This is called engorgement. It may feel like a crisis, but most times it only lasts a short time. It usually begins by the 3rd day after birth and resolves within a couple of days.

Tips

Feed Your Baby

- Wake your baby for feeding every 2 hours, if you can.

Apply Warmth

Take a warm shower or tub bath. In the tub or shower, massage your breasts and let the milk flow out. Then wrap your breasts in warm, wet washcloths. Cover with plastic wrap or disposable diapers to keep the warmth in.

- Dip your breasts in a basin of warm water. Let the milk flow out.

Try Massage

- Gently massage your breasts and try to release some of the extra milk by compressing your whole breast (not your nipples). There is a helpful online video about breast massage at <http://bfmedneo.com/our-services/breast-massage/>.
- Use an electric massager on a “vibrate” setting.
- Roll a smooth cylinder, like a jar or a rolling pin, from your underarm to your nipple.
- Compress your areola with your fingers. This will soften it to help your baby latch on.



Nursing more often may help ease breast engorgement.

After Nursing

- Apply cool compresses. Use gel packs made for this purpose, a bag of frozen peas, wet washcloths chilled in the freezer, or cold, raw cabbage leaves.
- Wear a bra **only** if it fits well and feels good. Do not wear one if it digs into you and leaves red marks! If you have a stretch bra that is designed for exercise, try wearing it during the day. And, wear it to bed if the pain is keeping you awake at night.
- Wear a protective cover, such as breast shells, to let some of the milk leak out.
- Take a pain reliever like ibuprofen (such as Motrin or Advil). This relieves pain and also reduces swelling.

Note: While you are still bleeding from your vagina, avoid aspirin because it can increase bleeding.

If All Else Fails

If nothing works to ease engorgement, use a hospital-quality electric breast pump to remove the extra milk. This is not your first choice, unless your baby cannot breastfeed.

Questions?

If you have tried the suggestions in this handout and the engorgement is not relieved within 24 hours, call Lactation Services at 206.598.4628.

Pumping and Storing Breast Milk

If you are having challenges with breastfeeding, or you need to be away from your baby for more than a few hours, you can feed your baby breast milk with the help of a good breast pump. Read about how using a breast pump can help, what to expect when pumping, how often you should pump, and how to choose a breast pump.

Why should I use a breast pump?

When breastfeeding is going well, there is usually no need to pump your milk. In fact, we know that breastfeeding gets off to the best start when babies are fed only at the breast for the first month or more.

During these first weeks, your baby will learn to latch on to your breast and take the amount of milk needed for each feeding. Your breasts respond by refilling and producing the right amount of milk based on how much your baby drinks. Your milk supply adjusts to meet your baby's demands.

Once you are sure that your baby is latching easily, nursing well, and gaining weight, you may choose to pump for a bottle once in a while. Pumping is also a great choice for working mothers who are away from their babies. Many women keep making all the milk their babies need for many months, even with a busy schedule.

There are also other reasons for pumping. It is very important to ask for help and start pumping if:

- Your baby has lost more than 10% from birth weight
- You have a low milk supply
- Nipple or breast pain interrupts breastfeeding
- Your baby is preterm or in the hospital
- Your baby cannot breastfeed



A breast pump will help you collect your breast milk quickly and easily.

Talk with a lactation consultant if you have any concerns or questions about pumping and storing breast milk: 206.598.4628

What should I expect to see when I pump?

As your nipple and surrounding breast are gently pulled into the plastic breast pump, you will probably see milk drip from several *ducts* (small openings) in your nipple. A *hormone* (a natural substance inside your body) is released early in a pumping session. The hormone *oxytocin* causes the let-down reflex to allow milk to spray from the ducts.

Some women describe a tingling feeling with let-down. The milk looks white, and sometimes a little watery at the beginning. It looks thicker by the end of the session. It looks different from the clear or yellow colostrum you may have seen in the first days after your baby was born. It is all good milk. Sometimes one breast produces more milk than the other breast. Usually this is not a problem.

How often should I pump?

To keep up your full milk supply when you are away from your baby, plan on pumping around your baby's usual feeding times. Pumping tells your breasts to make the amount of milk your baby needs. Your breasts will start to make less milk if they remain "full" for too long. This is why you should try **not** to go more than 4 hours between feedings or pumping sessions in the first 1 or 2 months.

Most women find that 10 to 15 minutes of double pumping will "empty" their breasts. If you are using a single pump, it could take 15 minutes or longer for each side.

How should I store breast milk? How long does it keep? Can I freeze it?

- When you have just expressed your milk and you are going to feed it to your baby within 4 hours, you can leave the breast milk out of the refrigerator, if the room is cooler than 77°F (25°C).
- If you will be using the milk within a week, you can store it in a glass or plastic container in the refrigerator.
- You can store breast milk for 3 to 6 months in a freezer that freezes ice cream solid, or up to 12 months in a deep freeze (-4°F or -20°C).
- Milk can be frozen in glass or plastic containers. If you use plastic bottles or bags, protect them from punctures. Allow room in the containers for the milk to expand as it freezes.

How should I thaw frozen breast milk?

- Thaw containers of frozen milk in the refrigerator or in a bowl of hot water. Using hot water is also a good way to warm chilled milk.
- Do **not** use a microwave to thaw or warm breast milk. Some healthy benefits of the milk may be affected, and hot spots can occur from uneven heating.
- Once milk is thawed, use it within 24 hours. Do **not** refreeze it. Storage guidelines may be different for preterm babies or babies who are in the hospital.

How do I get a breast pump?

Almost all insurance companies include breast pumps as one of their benefits for new mothers. Call your insurance company to find out how your insurance can help you to get a pump.

If you get services from WIC, you may be able to get a pump from your WIC clinic.

UWMC does not rent or sell pumps or pump equipment. But, we can help answer questions as needed.

What kind of breast pump is best for me?

Hospital-grade Pumps

Hospital-grade pumps are the best quality pumps. They are fast and work very well. Since they are very costly, most mothers rent them, if needed.

Most women find that they collect more milk in less time when they use a hospital-grade pump. This can be very important if your baby is premature, or if your baby is in the hospital and you cannot be together.

Double Electric Pumps

Double electric pumps are most often bought, not rented. These pumps work well when your milk supply is well established or when you only need to use the pump a few times a day.

This kind of pump can be very helpful when you are returning to work months after your baby is born.

You will need a strong, efficient pump if you need to be away from your baby for a long time. If you will only need to be away once in a while, a hand pump may be enough.

If you will be working full-time, you may find that you need a double electric pump for quick and easy milk collection.

Hand Pumps

Hand pumps are meant to be used once in a while. They are less costly but also slower than other kinds of pumps. This may be the type of pump you choose if your baby is breastfeeding well and often.

Questions?

Your questions are important.

If you have questions about breastfeeding resources, please call Lactation Services at 206.598.4628.

How Is Breastfeeding Going?

Please ask yourself these questions when your newborn is about 4 days old. Your answers will help you know if it might be helpful to talk with a lactation consultant. Circle “Yes” or “No” for each question.

1. Do you feel breastfeeding is going well for you at this time?

Yes No

2. Has your milk come in yet?
(Did your breasts get firm and full when your baby was 2 to 4 days old?)

Yes No

3. Is any nipple soreness starting to get better by now?

Yes No

4. Does your baby usually ask to feed? (Answer “No” if your baby is sleepy and needs to be awakened for most feedings.)

Yes No

5. Is your baby able to latch on to your breasts easily?

Yes No

6. Does your baby suck rhythmically for at least 10 minutes total at each feeding?

Yes No

7. Do you hear your baby swallowing while nursing (sounds like “uh” or “uh-huh”) with at least every 3rd suck?

Yes No



By the 4th day, most mothers notice changes in their breasts and in their baby's nursing habits.

8. Right after feedings, does your baby seem satisfied (is **not** rooting or sucking on his hands)?
Yes No
9. Does your baby nurse every 1½ to 3 hours, with no more than 1 long break of up to 5 hours each day (at least 8 feedings each 24 hours)?
Yes No
10. Do your breasts feel full when your baby goes a long time (3 to 5 hours) without nursing, and softer after nursing?
Yes No
11. Is your baby having at least 4 good-sized bowel movements each day (each one more than just a “stain” on the diaper)?
Yes No
12. Are your baby’s bowel movements turning yellow and soft, almost runny?
Yes No
13. Is your baby wetting diapers at least 4 to 5 times a day?
Yes No

If you answered “No” to any of these questions, call UWMC Lactation Services at 206.598.4628. Breastfeeding problems are easier to correct when you first start to breastfeed, and harder to solve if you wait.

Adapted from The Lactation Program, 901 E. 19th Ave., Denver, CO 80203

Questions?

Your questions are important. If you have questions about breastfeeding, please call Lactation Services: 206.598.4628.

Is This Safe to Take While I'm Breastfeeding?

This chapter explains what we know about how some common drugs and substances affect breast milk and breastfeeding. UWMC lactation consultants are happy to talk with you about how recreational drugs, medicines, and other substances may affect your breast milk.



Some medicines and other substances may affect breast milk and breastfeeding.

Alcohol

Alcohol goes into breast milk very quickly. It can limit the “let-down” reflex, so your baby may get less breast milk.

If you drink once in a while:

- **Do not breastfeed for 3 hours** after having 1 drink. “1 drink” is 4 ounces of wine, 12 ounces of beer, or 1 ounce of hard liquor.
- **Wait 1 extra hour** before breastfeeding for each drink after your first.

If you drink every day or you “binge” drink, talk with your provider.

Anesthesia Drugs

Sometimes mothers are told to pump and throw away their milk after they receive *anesthesia* (drugs that make you sleep during surgery). But, very little of these drugs enter your breast milk, and even less are absorbed by your baby. The American Academy of Pediatrics (AAP) and other medical sources agree that anesthesia and most pain medicines do not affect breastfeeding.

If you receive anesthesia, you can start breastfeeding again as soon as you have recovered from the effects of the drug.

Contraceptives (Birth Control Methods)

Your risk of getting pregnant **in the first 6 months** after giving birth is lower:

- **If you are feeding your baby *only* by breastfeeding.**
- **And** your menstrual periods have not returned.

Still, you may want to use a contraceptive to decrease the chance that you might get pregnant right away. These birth control methods are safe for your baby, do not contain hormones, and do not affect your milk supply:

- Condoms
- Diaphragms
- Cervical caps
- Some IUDs

But, contraceptives that contain estrogen (some pills, patches, and vaginal rings) may reduce your milk supply. Contraceptives that contain progesterone (some pills, some IUDs, shots, and implants) seem to be a better choice during breastfeeding. Some experts caution mothers to wait to start using the hormones until after their milk supply is established.

To help ensure you have a good plan for contraception after your baby is born, please talk with your doctor about family planning:

- At your prenatal care visits
- In the hospital after you give birth
- At your 6-week postpartum visit

Caffeine

Caffeine enters breast milk in fairly small amounts. It is considered safe for breastfeeding mothers to drink 2 servings a day. One serving is about 8 ounces of coffee (150 mg of caffeine).

A study of breastfed infants whose mothers drank 8 to 9 servings of caffeine a day showed that the babies had sleeping problems and were more fussy than usual.

Cocaine

If you use cocaine, do not breastfeed. Babies have almost died from exposure to cocaine through breast milk. They can have:

- Seizures
- Extreme fussiness



If you drink coffee, limit yourself to 2 servings a day while you are breastfeeding.

- Diarrhea
- Vomiting

If you plan to stop using cocaine so that you can breastfeed, get help from a drug treatment program.

If you are breastfeeding and you use cocaine, pump and discard your milk for at least 36 hours after using the drug.

Do **not** let people use cocaine around your baby. Secondhand smoke from freebased cocaine can cause the same symptoms in your baby as it does in the user.

Methadone

Women who are on methadone maintenance can breastfeed their infants, according to the AAP.

Cold Medicines

The AAP says it is OK for breastfeeding mothers to use decongestants, but these medicines may reduce your milk supply. If your milk production is already low, do not use decongestants.

A saline nasal spray or nasal wash with sterile water can help clear nasal congestion. It can also help you recover from a cold faster.

Local and Dental Anesthetics

Numbing medicines (*anesthetics*) for dental work or other procedures are usually found only at very low levels in breast milk. You do not need to stop breastfeeding if you are given local anesthetics.

Marijuana

Marijuana may reach high levels in breast milk, and it may affect your baby. The drug:

- Delays your baby's motor development
- May inhibit the hormones you need for breast milk production
- May impair your ability to care for your baby well

Do **not** breastfeed for several hours after using marijuana.

Pain Medicines

- **Acetaminophen (Tylenol and other brands):** Only small amounts of acetaminophen get into breast milk. The AAP says it is OK for breastfeeding mothers to use acetaminophen.



Talk with your healthcare provider about taking cold medicines while you are breastfeeding.

- **Ibuprofen (Advil, Motrin, and other brands):** Ibuprofen gets into milk in very low levels. The AAP approves ibuprofen for use by breastfeeding mothers.
- **Naproxen (Aleve, Naprosyn, and other brands):** Naproxen is approved for use by the AAP. But, because it stays in your body longer than acetaminophen or ibuprofen, some nursing mothers choose those pain medicines instead.



Smoking will harm your baby, both before and after birth.

Tobacco

Make every effort to stop smoking during pregnancy and while you are breastfeeding. Nicotine passes easily into breast milk. The more cigarettes you smoke, the more nicotine is in your breast milk. Nicotine can:

- Decrease your milk supply
- Cause these symptoms in your baby:
 - Vomiting
 - Diarrhea
 - Restlessness
 - Colic

If you cannot stop all the way, smoke as little as possible. Never smoke just before nursing. Never smoke in the room your baby is in. Also, do not let others smoke near you and your baby.

Ultrasound, X-Rays, and Radiopaque Dyes

The American College of Radiology says that nursing mothers do not need to stop breastfeeding if they have an ultrasound or an X-ray. Even if you need to take *contrast* (X-ray dye) for a test, only very small amounts of the dye enter your breast milk. The iodine in these dyes is not absorbed by your baby.

Foods You Avoided During Pregnancy

Some foods that you avoided while you were pregnant are OK to eat while you are breastfeeding. These include soft cheeses, sushi, and luncheon meats.

Questions?

Your questions are important. If you have questions medicines and other substances and breastfeeding, call Lactation Services at 206.598.4628.

Breastfeeding Resources

This chapter provides websites and phone numbers for organizations that can help you as you breastfeed your new baby.

Information and Organizations

Kelly Mom

www.kellymom.com

Getting Started with Breastfeeding

[www.newborns.stanford.edu/
Breastfeeding](http://www.newborns.stanford.edu/Breastfeeding)

La Leche League

www.llusa.org or
www.lalecheleague.org
877.452.5324 (helpline),
800.525.3243, 206.522.1336
(Seattle)

Groups, Classes, and Support Services

Birth and Beyond

www.birthandbeyond.com
206.324.4831

Offers a wide range of breastfeeding and parenting support.

PEPS (Program for Early Parent Support)

www.peps.org
206.547.8570

NAPS (Northwest Association for Postpartum Support)

www.napsdoulas.com
206.956.1955
Doula service.



Your nurse can teach you breastfeeding methods and answer your questions about feeding your newborn. Lactation specialists are available if problems occur.



UWMC has earned an award called the "Baby Friendly Hospital Initiative" from UNICEF and the World Health Organization. This award is given to hospitals that provide a positive environment for breastfeeding families by following the "Ten Steps to Successful Breastfeeding."

Medicines, Drugs, and Breastfeeding

Infant Risk Center

www.infantrisk.com

LACTMED

www.toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT

Breast Pumps and Supplies

Check with your health insurance company to find out how to get a pump using your plan's coverage. See the chapter in this book called "Pumping and Storing Breastmilk."

Nurturing Expressions

www.nurturingexpressions.com

206.763.2733

Nurturing expressions delivers rental pumps to UWMC. Their staff helps with billing for many insurance plans and medical coupons.

Our Perfect Baby

Ourperfectbaby.com

425.563.1209

This company verifies insurance coverage for breast pumps, helps obtain a prescription, and ships pumps to your home.

PMSI

www.pacificmsi.com

425.462.0577

Pumps to rent or buy.

Village Maternity

www.villagematernity.com

206.523.5167

At University Village, 10 minutes north of UWMC.

WIC (Women, Infants and Children)

www.doh.wa.gov/YouandYourFamily/WIC.aspx

800.322.2588

Many WIC offices have breast pump loaner programs for their clients who are returning to work or school, or who have a medical need that requires pumping. To learn more, call your local WIC office.

Milk Banks

Human Milk Banking Association of North America

www.hmbana.org

Northwest Mother's Milk Bank

www.donatemilk.org

Books

The Nursing Mother's Companion, 6th edition

by Kathleen Huggins (2010)

The Womanly Art of Breastfeeding, 8th edition

LLL International (2010)

Return to Work

U.S. Department of Labor

www.dol.gov/whd/regs/compliance/whdfs73.pdf

Break time for nursing mothers.

Preterm Infants

Websites

Vermont Oxford Network

www.vtoxford.org

Breastfeeding Your Premature Baby Using a Nipple Shield

[www.medelabreastfeedingus.com/tips-and-solutions/132/](http://www.medelabreastfeedingus.com/tips-and-solutions/132/breastfeeding-your-premature-baby-using-a-nipple-shield)

[breastfeeding-your-premature-baby-using-a-nipple-shield](http://www.medelabreastfeedingus.com/tips-and-solutions/132/breastfeeding-your-premature-baby-using-a-nipple-shield)

Family Village

www.familyvillage.wisc.edu/lib_prem.htm

Parents of Premature Babies (Preemie-L)

www.preemie-l.org

UC San Diego Health System

[www.health.ucsd.edu/women/child/newborn/nicu/spin/parents/](http://www.health.ucsd.edu/women/child/newborn/nicu/spin/parents/Pages/default.aspx)

[Pages/default.aspx](http://www.health.ucsd.edu/women/child/newborn/nicu/spin/parents/Pages/default.aspx)

Questions?

Your questions are important.

If you have questions about breastfeeding resources, please call Lactation Services at 206.598.4628.

Car Seat Safety

Checklist and safety tips

This handout gives basic tips to help you to install and use your car seat safely. Please carefully read your car seat instruction booklet.

Checklist

There are many car seat types and models. Some car seats are best suited for preterm babies. How do you know which one is right for your infant?

The right car seat fits your baby and your car. Use this checklist to help you to know if your car seat is safe. **All of these items must be true for your car seat to be safe:**

- My car seat is the right size for my infant. (Check your car seat's height and weight limits.)
- My car seat fits in my car. (Check your car manual for installation instructions.)
- My car seat has never been in an auto accident or crash.
- My car seat does not have any missing parts.
- My car seat does not have any cracks in the frame.
- My car seat is not more than 6 years old.
- My car seat has instructions (manual, booklet, or a sticker on the seat) or I know how to use the car seat.

How to Use Your Car Seat Safely

Use your car seat correctly every time you travel:

- The car seat should face the back of the car ("rear-facing") until your baby is at least 2 years old, **or** until her weight and height are greater



A car seat that is installed correctly.

than the guidelines for the car seat, whichever is later. A child usually does not reach that height and weight until she is older than 2 years.

- Place the car seat in the center of the back seat. This is the safest position.
- **Never** place the car seat in front of an air bag.
- Install the car seat at a 45° angle (see photo on page 93). Read the car seat manual for specific instructions.
- The handle should be down and locked when the car is moving.
- The car seat should move no more than 1 inch in either direction where the seatbelt holds it in place.
- Do **not** use products such as fleece inserts, headrests, attachable toys, and belt tighteners that were not installed by the car seat manufacturer. They are not safe.

Placing Your Baby in the Car Seat Correctly



Retainer clip is at armpit level or "tickle zone."

Harness straps are locked and threaded correctly, not twisted.

Harness straps are at or below your baby's shoulders.

The straps should fit snugly at the collarbone – only 1 finger should fit under the strap. If you can fit 2 of your fingers under the strap, it is too loose.



Place a rolled towel between the lower harness and crotch area to keep your baby from slipping, if needed.



Place rolled towels along the sides to support your baby's head, if needed.

*Only place a blanket over your baby **after** strapping him into the car seat. Do **not** wrap your baby in a blanket or bulky garment before strapping him into the seat. **Never** use extra padding behind or under your baby.*

Resources

If your car seat is not safe to use, UWMC offers car seats for sale at a good price. Please ask your healthcare team if you have any questions.

If you have questions about car seat safety:

- Call **800.BUCK.L.UP** (800.282.5587) or visit www.800bucklup.org:
 - To get the most up-to-date information about car seats
 - To find out if your car seat has been recalled
 - To find the nearest place to have your car seat checked
- Take a baby safety class. UWMC offers “Babysafe with Infant CPR.” For more information, call 206.789.0883 or visit www.uwmedicine.org/services/obstetrics/childbirth-classes and scroll down to “Babysafe with Infant CPR.”
- Visit the “Child Safety” page of the National Highway Traffic Safety Administration website at www.nhtsa.gov/Safety/CPS. The site offers current car seat information, installation tips, instructional videos, and more.
- Visit the Safe Kids USA website at www.safekids.org/car-seat.

Questions?

Your questions are important. If you have questions about car seat safety, please see the “Resources” section at right.

Keeping Your Baby Safe

In the hospital and at home

UWMC staff want to make sure your baby is safe while in our care and after you leave the hospital. You are an important partner with us in this effort. The guidelines and resources in this handout can help keep your baby safe.

Sudden Infant Death Syndrome

Sudden infant death syndrome (SIDS) is the sudden, unexpected death of an infant who is less than 1 year of age. We do not know what causes SIDS, but we do know certain things you can do to help reduce the risk of SIDS. Some of these are:

- **Remember “back to sleep.”** Always place your baby on her back to sleep, for naps and at night. This is the safest sleep position. Since we have been advising parents to place their babies on their backs to sleep, SIDS has decreased greatly.



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

- **Use a firm mattress.** Always place your baby on a firm sleep surface, such as a safety-approved crib mattress covered with a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
- **Clear the clutter from your baby’s sleep area.** Keep soft objects, toys, and loose bedding out of your baby's sleep area. This includes pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers. Also, keep any other items away from your baby's face.
- **Do not allow smoking around your baby.** Do not smoke before or after the birth of your baby. Do not allow anyone else to smoke around your baby.



If you are breastfeeding, wait until your baby is 1 month old or is used to breastfeeding before using a pacifier.

- **Keep a separate sleeping area for your baby.** Keep your baby's sleep area near, but separate, from where you and others sleep. Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he can sleep in the same room as you or others. If you bring your baby into bed with you to breastfeed, put him back in his own separate sleep area after the feeding.
- **Try using a pacifier.** Think about using a clean, dry pacifier when placing your infant down to sleep, but do not force your baby to take it. (If you are breastfeeding, wait until your baby is 1 month old or is used to breastfeeding before using a pacifier.)
- **Keep your baby comfortable.** Do not let your baby get too hot during sleep. Dress your baby in light sleep clothing. Keep the room at a temperature that is comfortable for an adult.
- **Avoid products that claim to reduce the risk of SIDS.** Most of these have not been tested for effectiveness or safety.
- **Do not rely on a baby monitor to reduce the risk of SIDS.** If you have questions about using monitors for other reasons, talk with your healthcare provider.

Falls

Infants can fall. Emergency rooms report that falls are the most common accidents that cause injury in children 0 to 2 years old. Newborn falls often occur when the baby slips out of a parent's arms when the parent falls asleep.

To protect your baby from falls:

- Remember that pain medicines you may be taking if you gave birth by Cesarean may make you sleepy. When you and other caregivers who are holding your baby become sleepy, move your baby to a safe sleeping area.
- All caregivers should watch out for sleepiness in each other. It can come on quickly.
- Be aware that breastfeeding releases hormones in the mother's body that can make you very relaxed, and even sleepy.
- Never leave your baby alone on any surface he could fall from.
- Use safety straps on swings, high chairs, bouncers, and strollers.



It is normal for caregivers to feel frustrated when nothing helps soothe a baby. Plan ahead for what you will do to cope when you feel overwhelmed.

Shaken Baby Syndrome

Shaken baby syndrome is severely shaking a baby or child. It is a form of child abuse. It can cause lasting brain damage and damage to the baby's neck, spine, and eyes.

An angry or frustrated parent or caregiver may shake a baby when nothing they try stops the baby's crying. Even though the caregiver does not mean to hurt the child, shaking is still child abuse.

All babies cry. Crying tends to be worse in the evenings. Crying also begins to increase when a baby is about 2 weeks old. This normal increase in crying is called "the period of PURPLE crying."

PURPLE crying does not mean that the baby turns purple. The letters in PURPLE stand for:

- Peak of crying
- Unexpected
- Resists soothing
- Pain-like face
- Long-lasting
- Evening

The period of PURPLE crying continues until the baby is 2 to 3 months old. It then usually starts to decrease. To learn more, please watch the "Period of PURPLE Crying" DVD and read the brochure you received while you were in the hospital.

Soothing a Crying Baby

It is important for caregivers to learn ways to help soothe a crying baby. Some of these are:

- Swaddling
- Sounds
- Position
- Movement
- Suckling

Sometimes nothing will soothe your baby – he just cries. When this happens, it is normal for caregivers to feel frustrated. The most important thing you can do is have a plan to help **you** cope with your baby's crying.

Soothing Yourself

Create a list of things you can do if you start to feel overwhelmed or angry. **Do these things only if your baby is safe or someone else is taking care of your baby.**

Your list might include:

- Setting your baby down in a safe place, like the crib
- Calling a friend
- Sitting outside
- Taking a shower or bath

These resources can also help if you are feeling overwhelmed:

- Family Help Line: 800.932.HOPE
- Crisis Clinic (24 hours): 206.461.3222
- Period of PURPLE Crying: www.purplecrying.info



Your safety and your baby's safety are top priorities, both in the hospital and after you go home.

Hospital Security

We want to make sure that all babies in our care are protected. For this reason, we have many security measures in place.

- The Labor & Delivery Unit and the Mother Baby Unit have state-of-the-art security to protect your baby.
- The doors to both units are always kept locked.
- After delivery, your nurse will put an identification band on your baby's wrist. The band will have a unique hospital number and barcode. The mother's first and last name will also be on this band.
- Your baby will also wear an ankle band that is programmed into the hospital security system. If your baby is brought near an exit, alarms will sound and all doors on both units will lock.

No one has ever tried to kidnap a baby from UWMC. It is our responsibility to keep your baby safe.

In Your Hospital Room and Unit

It is normal for new parents to be concerned about the safety of their baby. Follow these tips to help keep your baby safe:

- Always keep your infant in sight, even when you go to the bathroom.



Get to know your nurses and others who are caring for you and your infant.

- Tell your nurse if there is any personal situation we should know about that might place you or your baby at risk.
- Never leave your baby alone in your room.
- We will always transport your baby in a bassinet in the hospital. Transporting your baby this way will help keep your baby from falling out of someone's arms. No one in the hospital should carry your baby in their arms. This includes you and your family.
- Get to know your nurses and others who are caring for you and your infant.
- If someone you do not know wants to take your baby from your room, check with your regular nurse to see if it is OK.
- Question anyone who wants information about your baby, even if you know them. **Call the nurses' station right away if you are concerned.** You can push the nurse call button at your bedside or come to the nurses' desk (be sure to bring your baby with you).
- If your baby needs tests or procedures, find out where your baby will be and how long your baby will be there. You can go with your baby to the test or procedure.

After You Go Home

- Only allow people into your home who you know well. Do not allow anyone into your home who you have met only briefly since you became pregnant or gave birth. There have been cases where a kidnapper has made first contact with a mother and baby in the hospital or a public place like a clinic or mall, and later took the infant from the family home.
- Be alert to people you have just met who volunteer to watch your baby, especially in public places and public restrooms. Take your baby into the toilet stall with you.
- Think about the risks involved if you:
 - Place a birth notice in the newspaper. **Never include your address.**
 - Use outdoor decorations to announce your infant's arrival, such as balloons, large floral wreaths, or wooden storks.

Car Safety

Car safety is very important. Injuries that occur in cars are one of the top 4 causes of infant death.

Car seats must face the rear of the car until a baby is at least 2 years of age. **Infants are 5 times safer in rear-facing car seats.** If the car is in an accident, a baby in a rear-facing car seat:

- Is much less likely to have a serious injury
- Will have much less force on their head, neck, and spine
- Is protected by the “cocoon” effect the car seat provides

Please read the chapter “Car Seat Safety” in this book.

Injuries

Injuries are most likely when:

- An infant is left alone. Never leave your baby unattended.
- The infant or caregiver is tired, ill, hungry, thirsty, or stressed.
- Family routines change.
- Others are caring for your infant.
- The baby learns new physical skills, such as crawling or walking.

Drowning

Drowning is most likely when an infant is left alone. **Never leave a baby alone in or near water.** A baby can drown in as little as 2 inches of water.

Burns

Babies are burned most often by house fires, inhaling smoke, hot liquids, and household electrical devices. To keep your baby safe from burns in your home:

- Install smoke detectors and carbon monoxide detectors.
- Have fire extinguishers.
- Never allow smoking inside your home.
- Do not drink hot liquids while you are feeding your baby.
- Do not pass hot drinks to other people while you are holding your baby.



Never leave a baby alone in or near water.

Choking

Choking is very common in babies. Expect it to happen and learn what to do when it does. To help prevent choking:

- Keep small objects away from your baby.
- Provide toys and food for your baby that are right for your baby's age.

Baby-Safe Zones

Every baby needs a place to play and explore. Create at least one baby-safe zone in your home.

- Use barriers or baby gates, keep floors clean, and provide the right toys for your baby's age in this area.
- Do a home safety search. Get rid of hazards or lock them up.
- No device can take the place of a caregiver watching your child to make sure he is safe. Do not rely on a baby monitor or other device.
- Playtime:
 - It is important for infants to spend awake time on their tummies each day.
 - Give your baby time to play alone in a baby-safe place.



It is also important for infants to spend awake time on their tummies each day.

Resources

Missing Children

National Center for Missing and Exploited Children
800.THE.LOST (800.843.5678)
www.missingkids.com

SIDS

- Centers for Disease Control and Prevention: www.cdc.gov/SIDS
- National Institutes of Health: www.nichd.nih.gov/sids

Shaken Baby Syndrome

- Period of PURPLE Crying: www.purplecrying.info
- Video from Seattle Children's:
www.seattlechildrens.org/classes-community/community-programs/period-of-purple-crying/

Car Seats

- 800.BUCKLEUP or www.800buckleup.org

Product Safety

Research the products you use to help care for your newborn and child as they grow. For information about product recalls, safety tips, and childproofing your home and other places where your child spends time, visit:

- Consumer Product Safety Commission: www.cpsc.gov
- Safe Kids USA: www.safekids.org

Baby Safety Classes

To learn more about keeping your infant safe, take a baby safety class that covers infant CPR and general safety. Visit these websites for more information:

- UWMC classes:
www.uwmedicine.org/services/obstetrics/childbirth-classes
- American Heart Association classes:
www.cprseattle.com/adult-child-infant-cpr-aed-first-aid
- Seattle Children's classes:
 - www.seattlechildrens.org/content.aspx?id=88132
 - www.seattlechildrens.org/classes-community/classes-events/cpr-and-first-aid-for-babysitters

Safety Phone Numbers and Websites

Emergency	Call 911
Washington Poison Control Center.....	800.222.1222
UWMC Community Care Line.....	206.744.2500
Washington Toxics Coalition.....	www.watoxics.org
Public Health – Seattle & King County	206.296.4600, www.kingcounty.gov/health

Questions?

Your questions are important. If you have questions about your baby's safety, ask your baby's healthcare provider.

For urgent concerns, call 911.

Your Family Planning

Thinking about the future

This chapter in your book is for when you are ready for sexual closeness again.

Many new parents tell us they don't want to talk about family planning right after giving birth. Even so, your healthcare provider will still ask you about your plans for *contraception* (birth control) before you leave the hospital.

Having a baby changes many things. Your new baby will affect your life and your plans for yourself and your family.



Your new baby will affect your life and your plans for yourself and your family.

Think about what you want for yourself and your family. Find time to talk with your sexual partner or partners about the future. (For convenience, we will refer to 1 sexual partner in this chapter.)

As you read this chapter, think about:

- Your overall health
- Your age
- How often you have sex
- Your ideal family size
- Your partner's ideal family size
- Protection against the spread of sexually transmitted infections

Birth Control Methods

You may hear about success rates for birth control methods – for example, “Condoms prevent pregnancy 86% to 96% of the time.” This tells us that condoms usually prevent pregnancies for 86 to 96 couples out of 100. The lower number (86%) tells how successful 100 couples were the year they used that method. The higher



Talk with your partner about using 2 birth control methods at a time to increase your protection.

number (96%) is the success rates for 100 couples if they use the method perfectly. This means:

Of 100 couples who used ONLY condoms for birth control for 1 year, between 4 and 14 couples became pregnant.

Using 2 birth control methods at a time **increases** your protection. If you combine 1 method that has a 95% prevention rate with a 2nd method that has a 90% prevention rate, your combined prevention rate is 99.5%. This means:

For 1,000 couples who used both birth control methods for 1 year, there were only 5 pregnancies.

Things to Think About

Consider these questions as you think about planning your family.

Do you want to limit your family size or control when your next child will be born?

There are different birth control methods to think about, depending on what you want. Stopping the growth of your family is different than controlling when your children are born.

Reversible Birth Control

Most birth control methods are “reversible.” When you stop using them, you return to your natural chances of becoming pregnant. Some reversible birth control methods are:

- Natural family planning methods
- Male and female condoms
- Spermicidal jelly
- Diaphragms
- Cervical caps
- Intrauterine device (IUD)
- “Morning after pill”
- Depo-Provera
- Oral contraceptives (the Pill)
- Contraceptive vaginal ring (NuvaRing)
- Transdermal contraceptive patch (Ortho Evra)
- Implants (Implanon/ Nexplanon)

Permanent Birth Control

Permanent methods require surgery:

- Women can get a *tubal ligation* or *trans-cervical tubal occlusion*. Both of these stop eggs from reaching the uterus.



Talk with your healthcare provider about the best kind of birth control for you and your health.

- Men can get a *vasectomy*. This surgery stops sperm from being released during ejaculation.

Permanent birth control is very good at preventing pregnancy. Couples who choose one of these methods have decided they do not want any more children.

Can you tolerate the side effects of birth control? What if a certain type makes you sick?

“Birth control” includes many ways to prevent pregnancy. The choice is **not** between a method that makes you sick and no method at all. Your healthcare provider can help you find a safe method that works for you and does not cause you too much discomfort.

Some birth control methods may not be safe if you take other medicines, herbs, or use “street” (illegal) drugs. Or, you may have a medical condition that makes some methods risky for you.

Birth control methods that contain estrogen (pills, patch, and vaginal ring) may decrease your breast milk. Once breastfeeding is well established, most women do not have a decrease in breast milk from estrogen-containing birth control. But, it is always safe to use progestin-only pills (also call “mini-pills”) when you are breastfeeding.

If you smoke or have high blood pressure, migraines, or a history of blood clots, tell your healthcare provider. It may not be healthy for you to use birth control that contains estrogen.

How easy is it for you to use the method of birth control you choose?

What is easy to use for one woman might be too involved for another. Some women find it easy to remember to take a birth control pill every day at the same time, but some do not. Some women are comfortable touching their bodies and can feel when a diaphragm is placed right, but for some women using a diaphragm is uncomfortable.

If a method (such as a condom) requires you do something while in the middle of having sex, will you be able to stop and do it? Will you be worried that it will affect your or your partner’s mood too much? Will your partner understand or try to persuade you to “skip it this time”?

You need to remember to use some methods often. For example:

- The Pill must be taken every day.
- Male or female condoms and spermicides must be used every time you have sex.

Long-acting reversible contraception (LARC) needs less attention. Two types of LARC methods are:

- Intrauterine devices (IUDs). These work for 5 or 10 years, depending on which type you choose
- Implants (Implanon/Nexplanon). These last for 3 years.

Do you need to protect yourself from sexually transmitted infections (STIs) and the human immunodeficiency virus (HIV)?

When you are having sex, *continuous barrier methods* offer the best protection. These methods include the male and female condom. You may have better protection against STIs and HIV when these methods are used with some spermicides.

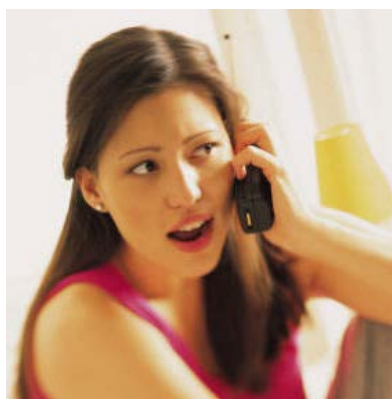
Whatever you choose as your preferred method of birth control, you will still have to use the male or female condom to protect yourself against STIs and HIV.

5 Common Ways Birth Control “Fails”

Half of the unplanned pregnancies in this country occur in women who are using birth control! Birth control must be used *the right way, every time*.

Here are the 5 main reasons birth control fails, and what you can do about them:

1. **Not following the instructions.** Carefully read the directions for your birth control method and follow them, every time.
 - Take the Pill at the same time every day.
 - Make sure condoms have not expired and check to see that they are in good condition. After a man ejaculates, he should remove his penis from the woman’s vagina before it begins to shrink. Also, he should make sure he grips the condom against the base of his penis as he withdraws after sex so that the condom does not slip off.
 - Make sure diaphragms or cervical caps cover your cervix.



Half of all pregnancies in the U.S. occur in women who are using birth control.



Be sure both you and your partner know how to care for and use condoms.

2. Not being consistent. Birth control must be used **every time you have sex**, unless you *want* to become pregnant.

- If you forget to take even 1 birth control pill, your chance of becoming pregnant increases.
- You **must** use spermicide with condoms, cervical caps, and diaphragms (barrier methods) **every time** for them to prevent pregnancy.
- Having unprotected sex only 1 time can cause pregnancy. If you have any doubts you or your partner can be consistent, think about longer-lasting methods.

3. Not keeping the condom intact during sex.

- Condoms hold up during sex 95% to 98% of the time (95 to 98 times out of 100). This means that they break 2% to 5% of the time (2 to 5 times out of 100).
- Most condoms are made of latex rubber, which becomes weaker when it touches oil. Use only water-based lubricants and spermicides with condoms.
- **Always** use vaginal spermicides with condoms to help lower the risk of pregnancy, in case the condom breaks during use.
- Make sure fingernails, jewelry, and other objects do not make any tears in a condom. Sperm can pass through even a tiny tear or hole.
- **Do not use a condom if it is past the expiration date on the label.** Latex rubber cracks and gets brittle over time.
- **If a condom breaks, or you cannot use one during sex for any reason, you can get emergency contraception at your pharmacy or from your healthcare provider.** This contraception prevents pregnancy if it is taken within 5 days of having unprotected sex.

4. Not knowing how the Pill interacts with other medicines or herbs.

- Tell your healthcare provider about other drugs or herbs you are taking. For example, some antibiotics can interfere with combination oral contraceptive pills.
- If you take antibiotics, check with your provider about when you should stop taking the Pill, when it is safe to start taking it

again, or if you need to use a back-up method. Use another birth control method or do not have sex during the time you are not taking the Pill.

- 5. Not knowing the truth about how to prevent pregnancy.** There are many ideas about how to prevent pregnancy. Some of them are not true.

These statements **are true**:

- It is usually safe to have intercourse during your period, but some women **can** get pregnant during this time.
- Urinating after sexual intercourse does **not** prevent pregnancy. It can help prevent urinary tract infections.
- Douching (rinsing your vagina), powders, deodorants and other feminine hygiene products do **not** prevent pregnancy, and they have no health benefit.
- Unprotected sex “just 1 time” **can** get you pregnant.
- You do **not** need to have an orgasm to become pregnant.
- You are **not** too old to get pregnant, unless you have gone through *menopause* (natural or surgical).
- You are **not** too young to get pregnant, unless you have not yet entered puberty. A girl can get pregnant before she starts menstruating.
- You **can** get pregnant while breastfeeding.

Choosing When to Have Children

When you make choices based on the facts, you increase your chances of having the number of children you want in your family, at the time you want to have them. The bothers of using birth control the right way every time are small, compared to the decisions that follow an unwanted or unplanned pregnancy.

If you would like to read about different forms of birth control, visit the Washington State Department of Health website: www.doh.wa.gov/YouandYourFamily/FamilyPlanning/BirthControl

Questions?

Your questions are important. If you have questions about family planning, ask your healthcare provider at your next visit or while you are in the hospital.



Appendices

Caring for Yourself and Your New Baby

Appendix A: **Baby and Mother Safety in the Hospital**

Appendix B: **Hepatitis B Vaccine**

Appendix C: **Opioid Safety in the Hospital**

Appendix D: **Screening Tests for Newborns**

Appendix E: **Washington State Birth Filing Form**

Appendix F: **Whooping Cough**

Appendix G: **Your Baby's First Hearing Test**

Appendix A

Baby and Mother Safety in the Hospital

Preventing falls

Am I at risk for falls even if I am strong and healthy?

YES, you are at risk for falls! Many things can increase this risk while you are in the hospital, in labor, and giving birth. You may:

- Be very tired from lack of sleep
- Be in pain
- Receive strong pain medicines (*opioids*) that can make you sleepy and affect your motor skills
- Feel dizzy when you stand up
- Need to get to the bathroom quickly
- Feel weak
- Have swollen legs
- Have medical equipment that can get tangled
- Have low blood pressure from blood loss during birth or surgery

What do I need to do?

- **Use the call light when you want to get out of bed.** Do not get out of bed on your own. When you no longer need to call for help, we will change the sign above your bed to “Ambulates Independently.”
- **Work with us to create your fall prevention plan.** We want to keep you safe! As part of this plan, we may:
 - Assess your mobility by checking how well you can rotate your ankles, raise your legs, and flex your hips.
 - Use a *gait belt* around your chest or abdomen to help keep you steady when you walk.



We may use a gait belt to help keep you steady while you walk.

- Help you to the bathroom every 2 to 3 hours. We will stay with you while you use the bathroom to make sure you are safe.

How can I help keep my baby safe from falls?

Your baby is at very high risk for falling during the first few days of life. Here are the most common reasons babies fall, and how to prevent falls from happening:

Risk	How to Prevent Falls
<p>Parent falls asleep while holding baby.</p> <ul style="list-style-type: none"> • Parents are tired after a long labor. • Mom has been given a medicine that changes her ability to know how tired she is. 	<ul style="list-style-type: none"> • Do not fall asleep with your baby in your bed. Your baby should always sleep in a bassinet. • Always keep the top side rail up. This is extra important when you are holding your baby in bed.
<p>Mom feels faint and may trip or fall while carrying her baby.</p> <ul style="list-style-type: none"> • Fluid changes in mother's body can make her dizzy. • If mother had an epidural or spinal analgesic, it can take a while to regain full power and feeling in her legs. 	<ul style="list-style-type: none"> • Ask your nurse or your partner to move your baby to the crib for you. • Get out of bed carefully. • When you can get up and return your baby to the bassinet by yourself: <ul style="list-style-type: none"> - Place your baby safely on the center of the bed, then get up. Do this slowly for 2 to 3 days to keep from getting dizzy. - When you are sure you are stable on your feet, pick up your baby and walk carefully to the bassinet.
<p>Parent trips while carrying the baby.</p>	<ul style="list-style-type: none"> • Bring the bassinet close to your bed so that you do not have to carry your baby very far. • Keep the bassinet on the side of your bed nearest the door (next to the oxygen and suction machines). • Keep the floor clear around your bed. Leave a clear walkway from your bed to the door. • Take extra items home or ask Security to keep them for you. Make sure they do not clutter the floor. • Always wheel your baby in the bassinet when you leave your room. Do not carry your baby in the hall.

Questions?

Your questions are important. Let us know if you have questions or concerns.

Mother Baby Unit/
5-South: 206.598.5600

Appendix B

Hepatitis B Vaccine

For newborn babies

What is hepatitis B?

Hepatitis B is a liver infection. It is caused by a virus. It can lead to severe illness, liver cancer, and even death. Many people who get hepatitis B do not look or feel sick. Others may have a loss of appetite, stomach pain, extreme tiredness, or yellowing of the skin or eyes.

Why does my baby need a hepatitis B vaccine?

Babies are less able to fight hepatitis B infection than older children or adults. If a baby is infected:

- There is a 90% chance they will develop chronic hepatitis B, the most serious form of the disease.
- There is a 25% chance that a baby with chronic hepatitis B will die of liver problems later in life.

How do I know if my baby is exposed to the virus?

You may not know if your baby is exposed. A baby or young child can become infected by coming in contact with a household member, caregiver, or another child who has the disease. Anyone who has the virus can spread it to others, even if they do not look or feel sick.

How is the virus spread?

Hepatitis B virus can spread by:

- Contact with blood or certain body fluids of an infected person
- An infected mother to her newborn during childbirth
- Using unsterile needles for injecting drugs, body piercing, or tattooing
- Using contaminated razors, toothbrushes, towels, and nail clippers
- Unprotected sex
- Human bites, wound-to-wound contact
- Living with someone who has chronic hepatitis B infection

Hepatitis B is **not** spread through food or water, kissing, sharing eating utensils, breastfeeding, coughing, sweat, tears, or urine.

You and your baby are at higher risk for hepatitis B infection if you, your parents, or someone you live with was born in:

- Africa
- Alaska (rural)
- Amazon Basin
- Asia
- Eastern Europe
- Former Soviet Union
- Middle East
- Pacific Islands

What can I do to protect my baby?

The American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control & Prevention advise that all babies get the hepatitis B vaccine at birth, followed by 2 more doses within 6 months. All 3 doses are needed for the best protection.

Is the vaccine safe?

The hepatitis B vaccine is safe and effective. It has been used in the U.S. since 1982. The most common side effects to the vaccine are soreness where the shot is given and mild to moderate fever. These may last 1 to 2 days.

How do I get a vaccine for my baby?

To get a hepatitis B vaccine for your baby, call your doctor, nurse, or public health clinic.

To Learn More

Centers for Disease Control and Prevention

800.232.4636 (tty) 888.232.6348; www.cdc.gov/vaccines/default.htm

Immunization Action Coalition

www.immunize.org/birthdose

Washington State Department of Health

866.397.0337; www.doh.wa.gov/YouandYourFamily/Immunization/DiseasesandVaccines/HepatitisBDiseases

WithinReach, The Family Health Hotline

800.322.2588; www.withinreachwa.org

Public Health – Seattle & King County Perinatal Hepatitis B Prevention Program

206.296.4774; www.kingcounty.gov/healthservices/health/communicable/providers/phbpp.aspx

This information is adapted from “Hepatitis B Vaccine” by the Washington State Department of Health, © May 2015.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Appendix C

Opioid Safety in the Hospital

When you need to take opioid pain medicines

This handout gives important information about taking opioid pain medicines while you are in the hospital.

What is an opioid?

An opioid is a medicine that eases pain by reducing the pain messages that reach your brain. Opioids are used to treat moderate to severe pain that may not respond well to other pain medicines.

Opioids are available only by prescription from a doctor. Some examples of opioids are morphine, hydromorphone (Dilaudid), and oxycodone.



Talk with your doctor or nurse if you have any questions about pain medicine.

Why do I need opioids?

Managing your pain is important. We want to keep your pain at a level that keeps you comfortable and helps you recover. But, it is not possible or safe to get rid of all pain.

Our goals for pain relief include that you will be able to:

- Rest and sleep
- Cough and breathe deeply
- Get out of bed

How can I help manage my pain?

- Ask your nurse when you can have your next opioid dose and when is the best time for you to take it.
- If you have a *patient-controlled analgesia (PCA)* pump to give yourself opioids, it is important that **only you**, the patient, press the button. Family members and friends should **never** press the button for you because it is not safe.

- **Tell staff if you feel too sleepy or are having any breathing problems.** Opioids can slow your breathing enough to be life-threatening.
- **Use non-medicine methods** for pain relief, too, like music, cold packs, and meditation.

Are there any side effects from opioids?

Opioids can make you feel:

- Sleepy
- Sick to your stomach (*nauseated*)
- Itchy
- Constipated
- Unable to think clearly

While you are on opioids, we will check on you often. We will do our best to manage any side effects. For your safety, we may wake you up from time to time after you have a dose of opioid medicine.

How long will I be on opioids?

After 1 or 2 days, most new pain should start to lessen. When that happens, you will need less opioid.

Before you leave the hospital:

- We will help you develop a plan for how to reduce (*taper*) and then stop your opioids once you are home.
- Talk with your nurses and doctors about any concerns or fears you may have about taking opioids.

When you get home:

- Follow your plan carefully so that you do not give yourself too much opioid.
- If you become too sleepy or have breathing problems:
 - Call 911 **right away**.
 - Do **not** take your next dose of opioid.
- If you have been taking opioids every day for several weeks or more, do **not** stop taking them all at once. Use the tapering instructions you received before you left the hospital.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Appendix D

Screening Tests for Newborns

What you should know

What is newborn screening?

Newborn screening is a way to find out if a baby is at risk for serious health problems that may not be clearly seen at birth. State law requires that a blood sample be collected from every baby born in Washington state within 48 hours of birth. This sample is used to test for potentially life-threatening disorders.

Why is this screening important?

A newborn can look very healthy but still have a serious health problem. This screening finds problems that, if not found and treated early, can result in developmental delays, severe illness, or even death. Finding and treating these problems early can save a baby's life.

How is screening done?

A few drops of blood will be taken from your baby's heel. The sample is sent to the Newborn Screening Program at the State Public Health Laboratories in Shoreline. The hospital or provider who submitted the sample will receive the results within a few days.

When is it done?

The 1st blood sample should be taken when your baby is between 18 and 48 hours old. Early testing allows infants to be treated as soon as possible, if needed. The 2nd sample should be collected between 7 and 14 days old, but may be done when your baby is older. Your baby's provider may also ask for other tests.



A few drops of blood will be taken from your baby's heel for newborn screening.

Screening Tests

Amino Acid Disorders

- Argininosuccinic acidemia (ASA)
- Citrullinemia (CIT)
- Homocystinuria (HCY)
- Maple syrup urine disease (MSUD)
- Phenylketonuria (PKU)
- Tyrosinemia type 1 (TYR-I)

Fatty Acid Disorders

- Carnitine uptake deficiency (CUD)
- Long-chain L-3-hydroxy acyl-CoA dehydrogenase (LCHAD) deficiency
- Medium-chain acyl-CoA dehydrogenase (MCAD) deficiency
- Trifunctional protein (TFP) deficiency
- Very-long chain acyl-CoA dehydrogenase (VLCAD) deficiency

Organic Acid Disorders

- 3-hydroxy-3-methylglutaric aciduria (HMG)
- Beta-ketothiolase deficiency (BKT)
- Glutaric acidemia type 1 (GA-I)
- Isovaleric acidemia (IVA)
- Methylmalonic acidemias (CblA,B and MUT)
- Multiple carboxylase deficiency (MCD)
- Propionic acidemia (PROP)

Other Disorders

- Biotinidase deficiency (BIOT)
- Congenital adrenal hyperplasia (CAH)
- Congenital hypothyroidism (CH)
- Cystic fibrosis (CF)
- Galactosemia (GALT)
- Hemoglobinopathies (Hb)
- Severe combined immunodeficiency (SCID)

Why are 2 blood samples needed?

Most problems can be found from the sample taken before the baby is 48 hours old. But, some may not be found until the baby is a little older.

Sometimes more than 2 samples may be needed. This does not mean your baby has a problem. The most common reason for asking for an extra sample is that the first results were unclear.

There is just 1 fee for the screening for each child. If more samples are needed, you will not need to pay more. But, your provider may charge a fee to collect the blood sample. If diagnostic tests are needed, they will involve extra costs.

What problems will the screening show?

For a complete list of health issues, please see the list at left.

What happens if a problem is found?

If the screening shows there may be a problem, your baby's provider will be contacted right away. Diagnostic tests will be advised so treatment can be started without delay.

How can I find out the results?

If you have questions about the results of your baby's screening, please talk with your provider. If your provider does not have the results, they should contact the Newborn Screening Program.

As a parent, may I refuse to do this screening?

Parents may refuse the screening tests for their baby only if this testing conflicts with their religious beliefs or practices. If this is true for you, be sure to tell the hospital staff or your provider.

Can my baby be screened for other problems?

The Newborn Screening Program only checks for the problems listed at left. But, there are other critical problems that can be found when your child is very young. These include *critical congenital heart disease* (CCHD) and hearing loss. All birthing hospitals offer these screenings for newborns.

Where can I learn more?

Talk with your provider or call the Newborn Screening Program at 206.418.5410 (toll free: 866.660.9050).

This information is adapted from "Newborn Screening Tests and Your Baby" by the Washington State Department of Health, © June 2014.



Appendix E

Washington State Birth Filing Form

For Hospital Use Only		
Mother's Medical Record #:		Child's Medical Record #:
Plurality: <input type="checkbox"/> 1- single birth <input type="checkbox"/> 2- twin <input type="checkbox"/> 3- triplet <input type="checkbox"/> Other _____		
If multiple, this worksheet is for child: <input type="checkbox"/> 1- first born <input type="checkbox"/> 2- second born <input type="checkbox"/> 3- third born <input type="checkbox"/> Other _____		
Child's Information		
*1. Child's Name		
First	Middle	Last
*2. Child's Date of Birth (MM/DD/YYYY) / /		*3. Time of Birth
5. Type of Birthplace <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Enroute <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Freestanding Birth Center <input type="checkbox"/> Other (specify):		*4. Child's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
*7. Name of Facility (If not a facility, enter name of place and address)		*8. County of Birth
		*9. City of Birth
Mother's Information		
10. Mother's Current Legal Name		
First	Middle	Last
*11. Mother's Name on her Birth Certificate		
First	Middle	Last/Maiden
*12. Date of Birth (MM/DD/YYYY) / /	*13. Birthplace (State, Territory, or Foreign Country)	
14. Social Security Number		
15. Do you want to get a Social Security Number for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16a. Residence: Number and Street (e.g., 624 SE 5 th St.)		Apt No.
16b. If not U.S.: Country	16c. State	16d. County
16e. If you live on Tribal Reservation, give name		16f. City or Town
		16g. Zip Code + 4
16h. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	17. How Long at Current Residence? Years: Months:	
18. Telephone Number ()		
19a. Mailing Address, if different: Number and Street, or PO Box		Apt No.
19b. If not U.S.; Country	19c. State	19d. City
		19e. Zip Code + 4
20. Occupation (type of work done during last year)		21. Kind of Business/Industry (do not use company name)
22. Mother's Education (Check the box that best describes the highest degree or level of school completed at the time of delivery.)		
1 <input type="checkbox"/> 8 th grade or less (specify): _____ 2 <input type="checkbox"/> 9 th – 12 th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (AA, AS, etc.) 6 <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.) 7 <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA, etc.) 8 <input type="checkbox"/> Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)		
23. Mother of Hispanic Origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina or check "No" box if not Spanish/Hispanic/Latina.)		
1 <input type="checkbox"/> No, not Spanish/Hispanic/Latina 2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana 3 <input type="checkbox"/> Yes, Puerto Rican 4 <input type="checkbox"/> Yes, Cuban 5 <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina (specify): _____		
24. Mother's Race (check one or more)		
1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ 4 <input type="checkbox"/> Asian Indian 5 <input type="checkbox"/> Chinese 6 <input type="checkbox"/> Filipino 7 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Korean 9 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian (specify): _____ 11 <input type="checkbox"/> Native Hawaiian 12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander (specify): _____ 15 <input type="checkbox"/> Other (specify): _____		

Continue on next page

Mother's Information	25. Mother's Height Feet: _____ Inches: _____	26. Mother's Pre-Pregnancy Weight (pounds)	27. Did Mother get WIC food for herself during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	28. Cigarette Smoking Before and During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No	Average number of cigarettes or packs per day: # of cigarettes _____ # of packs _____	
		Three months before pregnancy _____ or _____	
		First three months of pregnancy _____ or _____	
		Second three months of pregnancy _____ or _____	
		Last three months of pregnancy _____ or _____	

Mother's Marital Status

29. Is mother married? (Check only one box)

Important - Read before responding to marital status question:
If you were married at any time during your pregnancy, your spouse or partner is considered the other legal parent unless he or she completes a denial of paternity and another man acknowledges that he is the father (chapter 26.26 RCW). To add someone other than your spouse or partner to the birth certificate, an acknowledgment and denial of paternity needs to be completed by all parties (DOH form 422-032). Under Washington State law, a state-registered domestic partnership is considered the same as a marriage (chapter 26.60 RCW).

If you were not married at any time during the pregnancy, an acknowledgment of paternity needs to be completed to add the father to the birth certificate.

Married - Yes		Married - No	
29a. <input type="checkbox"/> Yes, I am married to the other parent identified in box #30.		29d. <input type="checkbox"/> No, I am not married and I am providing information about the father in box #30.	
		<i>Ask hospital staff for a Paternity Acknowledgment form (#DOH 422-032). If you were married any time during the pregnancy and your previous spouse is not the parent identified in box #30, the spouse's Denial of Paternity must also be completed.</i>	
29b. <input type="checkbox"/> Yes, I am married but not to the other person identified in box #30.		29e. <input type="checkbox"/> No, I am not married now, but I was married to the other parent identified in box #30 at some time during this pregnancy.	
	<i>Ask hospital staff for a Paternity Acknowledgment form (# DOH 422-032). You must complete this form, including the spouse's Denial of Paternity.</i>		
29c. <input type="checkbox"/> Yes, I am married but I refuse to provide the spouse or partner's information.		29f. <input type="checkbox"/> No, I am not married and I refuse to provide the father's information.	
	<i>If this box is checked, the other parent will be listed on the birth certificate as "None Named".</i>		<i>If this box is checked, the other parent will be listed on the birth certificate as "None Named".</i>

Father/ Parent's Information

*30. Current Legal Name		
First	Middle	Last
*31. Date of Birth (MM/DD/YYYY) ____ / ____ / ____		*32. Birthplace (State, Territory, or Foreign Country)
		33. Social Security Number

34. Occupation (type of work done during last year.)	35. Kind of Business/Industry (do not use Company Name)	
36. Father/Parent Education (Check the box that best describes the highest degree or level of school completed at the time of delivery.) 1 <input type="checkbox"/> 8 th grade or less (specify): _____ 2 <input type="checkbox"/> 9 th - 12 th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (AA, AS, etc.) 6 <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.) 7 <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA, etc.) 8 <input type="checkbox"/> Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)	37. Father/Parent of Hispanic Origin? (Check the box that best describes whether the father/parent is Spanish/Hispanic/Latino or check "No" box if not Spanish/Hispanic/Latino.) 1 <input type="checkbox"/> No, not Spanish/Hispanic/Latino 2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano 3 <input type="checkbox"/> Yes, Puerto Rican 4 <input type="checkbox"/> Yes, Cuban 5 <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify): _____	38. Father/Parent Race (check one or more) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) ----- 4 <input type="checkbox"/> Asian Indian 5 <input type="checkbox"/> Chinese 6 <input type="checkbox"/> Filipino 7 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Korean 9 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian (specify): _____ ----- 11 <input type="checkbox"/> Native Hawaiian 12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander (specify): _____ ----- 15 <input type="checkbox"/> Other (specify): _____

Appendix F

Whooping Cough*Pertussis***What is whooping cough?**

Whooping cough (*pertussis*) is a respiratory disease that spreads easily by coughing and sneezing.

How serious is it?

Whooping cough is most serious for babies. They often have severe coughing spells that make it hard to breathe, eat, drink, and sleep.

In babies, whooping cough can lead to lung infection (*pneumonia*), seizures, brain damage, and death. Of babies who die from whooping cough, 9 out of 10 are under 6 months old.

How can I protect my baby?

- Make sure your child gets DTaP shots at these ages:
 - 4 months
 - 6 months
 - 15 to 18 months
 - 4 to 6 years
- Get the Tdap booster vaccine for your child at age 11 to 12 years.
- Get the Tdap vaccine for all members of your family – children, teens, and adults. Babies usually get whooping cough from family or friends who do not know they have it.
- If you become pregnant again, get a Tdap vaccine during the 3rd trimester



DTaP shots for whooping cough are given 4 times during childhood

of each pregnancy to best protect your unborn baby. Women who do not get the vaccine during pregnancy should get it right after giving birth.

What do these vaccines protect against?

- DTaP is a vaccine that helps children younger than age 7 develop immunity to 3 deadly diseases caused by bacteria:
 - Diphtheria
 - Tetanus
 - Whooping cough
- Tdap is a booster immunization given at age 11. It gives ongoing protection from those diseases for teens and adults.

Child Care and School

By law, children entering child care or preschool must be up to date with their immunization.

- For kindergarten entry, children must have the complete DTaP vaccine series.
- A dose of Tdap vaccine is required for children to enter the 6th grade.

Call your doctor, nurse, or clinic today to schedule your child's DTaP and your Tdap immunization.

To Learn More

- Visit the Washington State Department of Health website:
www.doh.wa.gov/whoopingcough
- Listen to a recording of a child with whooping cough:
www.pkids.org/diseases/pertussis.html

This information is adapted from "Whooping Cough Is Serious" by the Washington State Department of Health and Child Profile, © January 2016.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Appendix G

Your Baby's First Hearing Test

For newborn babies

Why does my baby need a hearing test?

Most babies can hear well at birth, but a few do not. It is important to find hearing loss as soon as possible. If the problem is found early, it is easier for babies to learn.

An infant with a hearing loss may cry or appear to respond to sounds just like babies with normal hearing. Only a hearing test can tell you if your baby has a hearing loss.

All babies are tested to make sure they are hearing normally. There are many ways to help your baby right away if hearing loss is found.

What should I know about hearing testing?

The test is safe, painless, and can be done in about 10 to 20 minutes. Most babies sleep through the test. **Make sure your baby's hearing is tested before you leave the hospital.**

Why do some babies not pass the hearing test?

Some babies may need another test because:

- Fluid in their ear
- Noise in the test room
- They were moving a lot during the test

Most babies who need another test have normal hearing. But, some babies do not pass the test because they have hearing loss.

If your baby does not pass the hearing test, make sure they are tested again as soon as possible.

Can my baby pass the hearing test and still have a hearing loss?

Some babies hear well enough to pass the first test, but lose their hearing later because of:

- An illness
- Reaction to a medicine

- An injury
- A family history of hearing loss

How can I tell if my baby has hearing loss later?

Watch for signs of hearing loss as your baby grows. A baby with normal speech, language, and hearing should be able to do the activities in these age ranges:

Birth to 3 Months

- Blinks or jumps when there is a sudden loud sound
- Quiets or smiles when spoken to
- Makes sounds like “ohh” and “ahh”

4 to 6 Months

- Looks to see where sounds came from
- Uses many sounds, squeals, and chuckles
- Makes different sounds when excited or angry

7 Months to 1 Year

- Turns head toward loud sounds
- Understands “no-no” or “bye-bye”
- Babbles, for example “baba,” “mamma,” “gaga”
- Repeats simple words and sounds you make
- Correctly uses “mama” or “dada”
- Responds to singing or music
- Points to favorite toys and objects when asked

If you have questions about your baby’s hearing or this list, talk with your baby’s doctor.

Where can I get more Information?

Call the Washington State Department of Health at 206.418.5613, or visit www.doh.wa.gov/earlyhearingloss.

This information is adapted from “Can Your Baby Hear?” by the Washington State Department of Health, © May 2014.