

# Congratulations, Mom!

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**Your Appointment**

\_\_\_\_\_

Date

\_\_\_\_\_

Time

\_\_\_\_\_

Location

\_\_\_\_\_

Provider

\_\_\_\_\_

Phone

**Baby's Appointment**

\_\_\_\_\_

Date

\_\_\_\_\_

Time

\_\_\_\_\_

Location

\_\_\_\_\_

Provider

\_\_\_\_\_

Phone

## Important Telephone Numbers

**If you or your baby becomes ill,  
call for help.**

Your own doctor, midwife, nurse, or clinic:

\_\_\_\_\_

Baby's doctor:

\_\_\_\_\_

<b>SFGH Birth Center (Mom)</b>	206-8725
<b>SFGH Infant Care Center (Baby)</b>	206-8363
<b>SFGH Emergency Department</b>	206-8111
<b>SFGH 6M Pediatric Urgent Care</b>	206-8383

### Other Emergency Phone Numbers

Ambulance – *for emergency use only* 911

Fire Department 911

Police Department 911

Poison Control Center  
California only 1-800-876-4766  
Anywhere in U.S. 1-800-222-1222

# Congratulations, Mom!

Congratulations! You are the mother of a new baby! Having a baby changes your life in so many ways. Being a mother is very exciting and can bring you a lot of joy. Being a mother can also be hard.

The first few days with a new baby are an exciting and tiring time. Rest as much as you can. Enjoy your new baby. This booklet can help answer questions. This booklet can also help you feel more at ease about taking care of yourself and your baby. Each mother is different. Each baby is different. Many new mothers worry about taking care of a new baby. As you take care of your baby, it is very important to take care of yourself too. This booklet can help you learn about your baby and how to take good care of her or him.

## About this Booklet and How to Use It

Doctors, midwives, nurses, and other health care professionals who have taken care of new mothers and babies for many years wrote this material. Use the table of contents to find topics that interest you and things you need to know. This booklet has information about:

- Danger signs – when you need to get medical help for yourself or your baby
- How to take care of your body
- Feeding your baby – breastfeeding and bottle feeding
- How to take care of your baby
- What to do if your baby is sick
- How to keep your baby safe and healthy
- What to do if your baby stops breathing or chokes
- How to get free or low cost check-ups
- How to get birth certificates

These materials were developed and produced by San Francisco General Hospital, the San Francisco Department of Public Health, and the Perinatal Linkage Committee. Permission to print by other health care providers for free distribution is hereby given as long as changes or edits are sent to San Francisco General Hospital, Sylvia de Trinidad, [sylvia.detrinidad@sfdph.org](mailto:sylvia.detrinidad@sfdph.org), and the document contains an acknowledgement of San Francisco General Hospital.

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Photos in the crib safety and safe sleep section are from the NIH National Institute of Child Health and Human Development web site.

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# Danger Signs – Mom

## Danger Signs

If you have any of the following signs, it is important that you get medical attention:

- Fever over 101.2° F or 38.5° C with or without chills
- Heavy or bright red bleeding from the vagina that soaks more than one sanitary pad an hour
- Strong belly pain that doesn't get better with medication
- Sharp leg cramps or red streaks on the skin up the back of your legs
- One leg more swollen than the other
- Pain when you pee
- Very bad smelling vaginal discharge
- No bowel movement (poop) in 5 days
- Very painful, tender, or red breast(s)
- Pain that is getting worse where you had stitches
- Pus, redness, or discharge that is getting worse where you had your incision (cut) from a cesarean birth or tubal ligation (tube-al-lee-gay-shon) -- sterilization (ster-il-ize-a-shon)

## Postpartum Depression

Call your doctor or midwife if you have one or more of the following:

- Do not want to eat
- Cannot sleep
- Want to sleep all the time
- Very deep sadness
- No interest in your baby and other children
- Have thoughts of hurting your baby or yourself
- Feel sadness, cry easily for more than two weeks after you have given birth
- Feel very irritable and out of control

On weekdays, call your clinic from 8:30 AM to 5:00 PM.

On weekends and evenings, call the SFGH Birth Center 206-8725 or SFGH Emergency 206-8111.

If you get your care at the centers listed below, you can call your clinic 24 hours a day. The phone numbers for the clinics are on page 4.

- Family Health Center
- Maxine Hall Health Center
- Potrero Hill Health Center
- Silver Avenue Family Health Center or
- Southeast Health Center

# Danger Signs – Baby

If your baby has any of the following, call the doctor or nurse immediately:

- Throwing up (more than just spitting up or burping with feeding); throwing up with a lot of force (projectile vomiting).
- Baby is not sucking or nursing well for 3 to 4 feedings in a row
- Baby is not eating at all
- Very loose or watery bowel movements (poops) or blood or mucus in the stool (poop). No bowel movement for more than 24 hours
- Fewer than 6 wet diapers per day (after day 5). Change in color, smell or how often the baby pees
- Baby is much less active than usual or is hard to wake up
- A lot more crying than usual or crying that sounds strange
- A temperature over 100° F or 37.8°C
- Skin and eyes that look yellow
- Oozing from the eyes. More tears, swelling, or redness of the eyes than usual
- Bleeding, pus, or bad smell at the belly button (umbilical cord) or circumcision site
- A cough that does not go away
- An unusual or really bad rash
- Flaring nostrils (sides of nose pushing out) fast breathing, having a hard time breathing, making a lot of noise while breathing

**CALL BABY'S CLINIC FIRST DURING THE DAY.**

**AFTER 5PM AND ON WEEKENDS CALL:**

**SFGH 6M Pediatric Urgent Care**  
206-8383

**SFGH Infant Care Center**  
206-8363

**SFGH Emergency Room**  
206-8111

# Infant CPR

Learn how to help your baby if she stops breathing or her heart stops. Call the American Heart Association at (415) 433-2273 to sign up for a class on cardiopulmonary resuscitation (CPR).

Here is how to do CPR.

Gently try to wake the baby.

If NO response:

1. Yell for help. If someone is with you, have that person call 911.
2. Open the baby's airway by tilting the head back and lifting the chin.
3. Look, listen and feel for air movement.

If NO air movement:

- Give 2 slow breaths (put your mouth over the baby's nose and mouth). Each breath should be about 1 second.
  - Watch to see if the chest goes up as you give the baby a breath.
4. If your baby is not moving after 2 breaths, begin compression right away.
    - Press on the heart 30 times with your fingers (2-3 fingers on the breastbone, 1 finger below the nipple line. Push down ½ to 1 inch) and stop and give two breaths.
    - Do this 5 times.
    - Continue until you feel a pulse or help comes
  5. Call 911 if you have not already done so.

## FIRST AID FOR CHOKING

**If your baby is choking and not breathing, call 911, then do the following:**

1. Put the baby face down on your arm, supporting the head.
2. Give up to 5 back blows with heel of hand between baby's shoulder blades.
3. Put baby face up on your forearm.
4. Give up to 5 chest thrusts near center of breastbone.
5. Lift jaw and tongue, look in mouth. If object is seen, sweep it out with finger.
6. If baby is not breathing, tilt head back and give 2 breaths. Repeat.

# Important Telephone Numbers

## San Francisco General Hospital

Children's Health Center (6M)	206-8376
Family Health Center	206-5252
Nurse Midwives	206-3409
Women's Health Center (5M)	206-3409
Hospital bill questions	206-8459
Medi-Cal questions	206-8558

## Health Centers (Clinics)

Castro Mission Health Center	934-7700
Chinatown Public Health Center	364-7600
Excelsior Clinic	406-1353
Family Health Center (at SFGH)	206-5252
Maxine Hall Health Center	292-1300
Mission Neighborhood Health Center	552-3870
Ocean Park Health Center	682-1900
Potrero Hill Health Center	920-1250
Refugee Clinic	206-5344
Silver Avenue Family Health Center	657-1700
South of Market Health Center	626-2951
Southeast Health Center	671-7000

## Public Health Nurse

PHN Referral Line (800) 300-9950  
Provides home visits to high risk prenatal and postpartum women and chronically ill children. Breastfeeding support also provided.

## Parenting Questions

TALKLINE 441-5437  
24 hours a day, 7 days a week

## Breastfeeding Questions

SFGH Breastfeeding Support Services  
(English, Spanish, Cantonese, Mandarin, Vietnamese) 206-MILK  
(206-6455)

SFGH Breastfeeding Support  
(SFGH) 5M Women's Health Center

English & Spanish 206-4249

English & Spanish 206-8167

Mandarin & Cantonese 206-3413

La Leche League (650) 363-1470

Nursing Mothers Council  
(English only) (650) 327-6455

## Child Care Questions

Children's Council 343-3300

Wu Yee Children's Services  
(Chinese) 391-4956

## Family Violence Help

Domestic Violence Hotline 1-877-384-3578

## Substance Abuse Help

Behavioral Health  
Access Center 1-800-750-2727

## WIC (Women Infant & Children Program)

Chinatown 364-7654

Ocean Park HC 682-1928

Silver Avenue HC 657-1724

Southeast HC 671-7059

SFGH 206-5494

# Chapter 1: Taking Care of Mom

Once you are at home, you can call your health care provider (doctor, midwife, and nurse practitioner) if you have any questions or problems. Your health care provider will tell you when you need to come back and be checked. **Call the clinic where you went for prenatal care.**

For the first 4-6 weeks after your baby's birth:

1. It is okay to shower after you go home from the hospital.
2. For the first four weeks after birth, do not have sex. Do not put anything in your vagina. If you put anything in your vagina during the first four weeks, you may get an infection. Do not use tampons or douche ('doosh' means to put a stream of fluid in your vagina)
3. A balance of different foods helps healing after birth. See Nutrition and Foods section on page 15.
4. It may take a few months for mother and baby to get used to new sleeping and feeding patterns. You may feel tired while you recover from the birth and care of your new baby. Try not to have too many visitors and do not do heavy chores (such as mopping, lifting, or moving furniture).
5. To help your uterus (u-ter-us) return to its normal position, massage your tummy.
6. Do Kegel exercises 5 to 6 times a day. See page 11.
7. Do not lift anything that is heavier than your baby.

Also, if you have had a Cesarean (ses-air-ee-an) birth:

1. For 4 to 6 weeks do not go on long car trips if you are the driver. Driving uses the tummy muscles and this may cause pulling on the incision (cut).
2. If you notice redness, oozing, a bad smell or drainage from the wound, call your health care provider. These may be signs of infection.

## Rest

Take good care of yourself. Your body is going through some big changes. Rest as much as you can during the first few weeks. Rest or sleep when your baby does. For each hour you are active, rest for an hour with your feet up. Take it easy. Ask for help with housework and cooking. Increase your activity level slowly. By the end of the fourth week, you may be able to do your normal activities.

## Body Discomforts and Some Remedies

All your aches and pains should slowly get better with time. If they get worse or you have more pain, call your health care provider.

If you are breastfeeding or having breast discomforts, see page 24.

## Cramping

After birth, your uterus goes back to its normal size very fast. You will feel some cramping. You may feel more cramping when you breastfeed. Breastfeeding helps the uterus to get smaller. To help with the cramping, you may take the medicine your health care provider orders for you, or you may take 600 mg [three 200 mg pills of Motrin (Ibuprofen)] every 6 hours.

## Bleeding

After birth your bleeding will change from red to brown to pink to yellow. You will have less and less bleeding. You may have spotting for 6 weeks after birth. During this time, use pads only. **Do not use tampons or douche (doosh). Tampons may cause an infection.**

If you have more bleeding and your bleeding is bright red again, rest for 1 to 2 hours. If the bleeding goes on and you use more than one sanitary pad an hour, call your health care provider right away.

Your monthly period will return in 4 to 8 weeks. If you are breastfeeding, it may take longer. You can get pregnant even before you have your period. Use some kind of birth control, such as condoms with foam or birth control pills when you start to have sexual intercourse. See page 12. Discuss this with your health care provider.

## Stitches

If you have stitches, they will go away by themselves in 2 to 3 weeks. They do not have to be taken out. Little pieces of thread may show up on your pads and you may feel them.

Pour warm water over the vaginal area from front to back after you use the toilet or use the peri-bottle that was given to you in the hospital until your bleeding stops. Wash your hands well after using the toilet. This is very important when touching your baby.

If the area where you have stitches is sore, sit in a clean bathtub with 4 inches of warm water 3 or 4 times a day. Do not add bubble bath or soap. This will help with the swelling and redness, cut down on infection, and help healing. Gently pat the area dry with a clean soft cloth. Always pat from front to back (vagina to anus) to avoid infection. You can do the same thing by letting warm water flow over the area while in the shower. You should not use soap on your stitches.

Use a pillow when you sit on hard chairs or in cars. Try to sit down slowly and gently. It also helps the stitches heal if you try to keep your legs together when lying down or sitting.

## Hemorrhoids

(hem–er–oids)

Hemorrhoids (itching or painful swollen veins in anal area) are very common before and after birth because of the pressure of the baby on the anal/rectal area. A warm bath may help you feel better. See the Nutrition and Foods Section on page 15 to learn how to keep your bowel movements soft. If your hemorrhoids still hurt or itch a lot, call your health care provider; he or she may order some medicine for you.

## Constipation

(con–sti–pay–shon)

It may take 3 to 5 days after birth before you will have a bowel movement. If you have not had a bowel movement for more than 3 days, try drinking prune juice or eating prunes.

- Relax and take time for bowel movements. Do not hold back or force it
- Raise your feet on a stool or box during bowel movements
- Eat more fruits and vegetables
- Drink a lot of liquids each day (6-8 glasses)
- Eat high fiber foods – bran, leafy greens, brown rice, nuts and seeds, corn, whole grain breads and cereals
- Try eating small meals more often
- Drink warm or hot liquids before eating in the morning

If constipation keeps on being a problem, call your health care provider.

## Urination (peeing)

Often during the first 24 hours after birth, it may be hard to pee. Try pouring warm water over your vaginal area as you sit on the toilet. Use the peri bottle. This will help to lessen the stinging and may help you pee.

If the problem does not go away, call your health care provider.

## Feelings: “Baby Blues”

While you may be very happy about having a new baby, you may feel sad and cry after you go home. It is normal to have a wide range of feelings. Discuss your feelings with your partner, doctor, midwife, or nurse practitioner.

The hormonal changes in your body after pregnancy may make you feel sad. This is called the “baby blues” and many women have this. The baby blues go away over time. If the feelings of deep sadness stay strong or do not go away, talk to your health care provider and/or medical social worker. Also see page 1: Postpartum depression.

1. It takes time to learn how to be a parent.
2. Talk with your partner about how he or she can help.
3. Take breaks away from your baby. Talking to other new parents can be very helpful. Join a new parents group.
4. Spend special time with older children. Have family and friends help you with older children to meet their needs.

## Cesarean Birth

(ses-air-ee-an)

At times it is necessary for the baby to be delivered through an incision (cut) in the uterus. There are many reasons for this. Ask your healthcare provider why you had a Cesarean birth.

## Incision Care

(in-siz-shon)

You can shower after staples are removed from your wound. When you leave the hospital, the wound will be dry. There will be some steristrips over the wound when you go home. The strips may fall off in a few days or you may take them off after a week.

## Postpartum (after-birth) Check-up

At your 2-week and/or 6-week postpartum check-up, your health care provider may:

- Discuss how you are getting used to the new baby and your situation at home.
- Take a Pap test to check cervix changes that could lead to cancer.
- Follow up on any medical problems you had before you became pregnant or during your pregnancy or childbirth.
- Discuss your diet and any medications.
- Discuss birth control methods.
- Examine your breasts, uterus, and vagina.

What questions do you have? This is a good time to ask any questions. Write them down and take them to your visit so you don't forget.

## Exercises to Do After Pregnancy

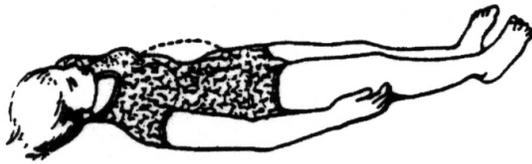
These exercises will help strengthen your tummy muscles and help your uterus go back to its normal place. You can start doing these exercises the day after you have your baby. It is best to do the exercises often and for short periods. Do not do hard exercises until you have had your six-week check-up.

Because your muscles have been carrying the baby for nine months, your posture has changed. Now you need to remember to tighten your tummy muscles when you are standing up, moving, or lifting. At first you may have to think about doing this. After a while it will just happen.

1. Make your tummy muscles tight when you stand or sit.
2. Get down on your hands and knees to clean up spills, pick things up, or any other time you can.
3. Squat down (bend your knees) to lift any object (including the baby).
4. Sit on the floor with your knees bent out and your ankles crossed when you watch TV.
5. Move your ankles in a circle when you sit with your feet up.
6. Move your shoulders in a circle after feeding the baby.

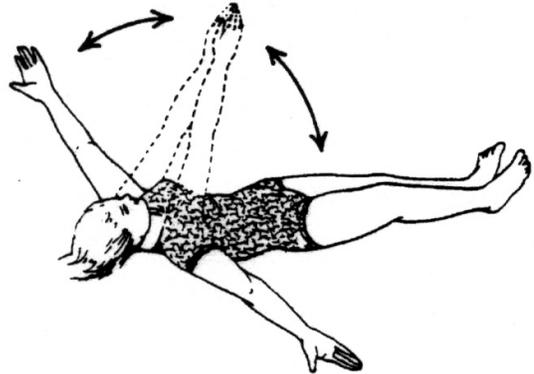
## Toning

Here are some exercises to help you. Start with one exercise the day after you have your baby, then add a new one each day. Do each exercise 4 times in a row. Try to do your exercises twice a day.



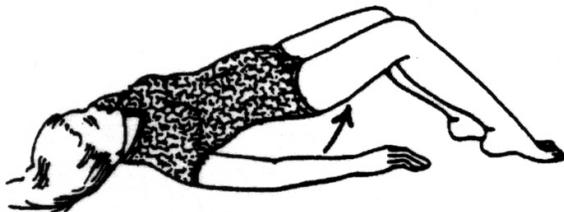
### 1st Day:

Breathe deeply, pushing out your tummy. Hiss as you slowly breathe out, then pull your tummy muscles in hard.



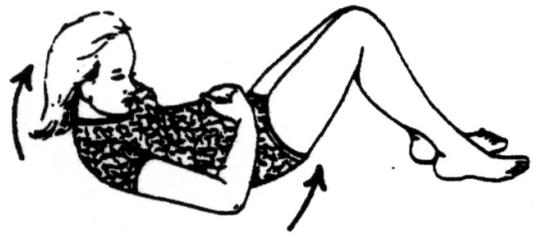
### 2nd Day:

Lie on your back with your legs a little bit apart. Place your arms straight out from your side and slowly raise them. Keep your elbows stiff. When your hands touch, lower your arms slowly.



### 3rd Day:

Lie on your back with your arms at your sides. Pull up your knees and slightly arch your back.



### 4th Day:

Lie on your back with your knees and hips bent. Tilt your hips towards the floor and make your buttocks tighter.



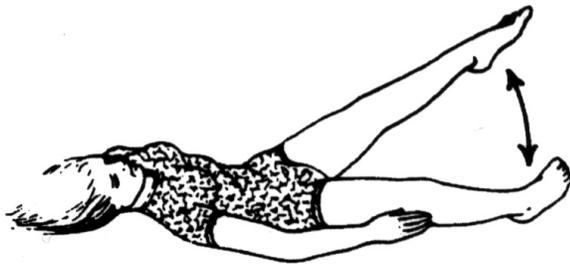
**5th Day:**

Lie on your back with your legs straight. Raise your head and lift your left knee a little bit. Reach for (but do not touch) your left knee with your right hand. Do this again, using your right knee and left hand.



**6th Day:**

Lie on your back. Bend one knee towards your tummy. Slowly raise the other leg up and lower it toward the floor. Remember to keep your tummy tight. Do this with the other leg. Remember to relax, and breathe deeply every time you raise and lower each leg.



**7th Day:**

Move your hands down. Lie on your back with your toes pointed and knees straight. Raise one leg and then the other as high as possible. Use your tummy muscles but not your hands to lower your legs slowly.



**8th Day:**

Get on your hands and knees. Look up towards the ceiling while arching your back. While you take a breath in, make your back round like a cat. Blow out your breath and relax your back.

## Kegels

Kegel exercises help tighten the muscles between the vagina and anus. After you give birth you may find that you sometimes pee when you cough, sneeze, or laugh. These exercises will give you better control of the muscles that control the flow of pee. Being able to stop the flow of pee shows how strong your muscles are. Ask your health care provider to help you if you do not understand how to do these exercises.

1. Stand or sit to do kegels.
2. Squeeze tight the muscles around your vagina and anus (rectum), as though you were stopping your pee flow. Hold these muscles tight for as long as you can (count to 10).
3. In order to know which muscles these are, when you are peeing, stop peeing for a second. Those are the same muscles you want to tighten and relax.
4. Slowly let go of your muscles and relax.
5. Squeeze and let go up to 25 times in a row.
6. Do this five or six times each day to make your muscles strong.

## How to Care for Your Back

1. Always bend your knees when you lift or bend from your waist.
2. Try not to arch your back (sway back) when you stand.
3. Carry packages, diaper bag, laundry basket, other children and your baby close to your chest.
4. Never twist your body to lift or put down an object (or baby). Have the object or baby right in front of you.
  - keep your back straight
  - bend your knees
  - feet apart, one a little in front of the other
  - make the tummy and buttock muscles tight
  - hold objects close to the body
  - make your leg muscles do the work
5. Use a footstool when you sit to help your back rest. The back and forth motion of a rocking chair may be restful for you. A rocking chair also uses other groups of muscles.
6. Do not wear heels that are over one inch high. Flat shoes will be much more comfortable and will be better for your back.

## Sexual Relations

Many women are not interested in sex in the first weeks after birth. You are tired and have less desire. Talk to your partner about your feelings. Do not feel forced to have sex. Have your partner read this to understand what is going on with your body. It is important for both people to want to have sex before having it.

You can be loving and tender without having sex. Your body is not fully healed and you can get an infection if you have sex in the first four weeks after birth. Do not have sexual intercourse if you are still having pink or red vaginal discharge. If you have stitches, you will want to wait until the stitches have healed. You may be sore for a few weeks even after the stitches have healed. If you have had a Cesarean birth, healing will take longer.

When you decide to have sex, you may find that your vagina does not get as wet as usual. This is normal because your hormone level is low. A lubricant such as KY jelly or Astroglide will help give you more wetness. You can get these lubricants at a drugstore.

Do not use baby oil, Vaseline or body creams; they are not good for your vagina. If you are using condoms, these lotions may break the condom.

Couples often find a side lying position more comfortable for sex during this time after birth.

Be sure to use some kind of birth control when you decide to have sex. Discuss this with your health care provider on your first postpartum (after birth) check up.

## Birth Control Methods

If you haven't made a birth control choice by now, talk to your nurse or health care provider for more information.

You can get pregnant even if you do not have a period. Breastfeeding will not prevent pregnancy. Use condoms and foam until you return for your six-week checkup. During that checkup, you can talk with your health care provider about other kinds of birth control.

Not all birth control methods prevent sexually transmitted diseases. If you or your partner has sex with other people, it is important that you share this information with each other so you can protect each other from sexually transmitted diseases by using condoms and foam. To prevent sexually transmitted diseases such as gonorrhea (gone-a-ree-a), chlamydia (clam-id-ee-a), genital warts, herpes (her-pees), syphilis (siff-a-liss), trichomonas (trik-a-moan-is) and AIDS/HIV use a condom every time you have sex.

Here are common birth control methods:

### CONDOM

A condom is a plastic covering rolled onto a man's penis to keep the sperm from going into the vagina. This prevents pregnancy and it also prevents spreading sexually transmitted diseases. When used with a foam, cream or jelly spermicide (sperm-a-side) there is less risk of pregnancy.

## How to Use Condoms

1. Always put the condom on **BEFORE** contact.
2. Check the expiration date of the condom. Open the package carefully.
3. Press air out of the tip of the condom.
4. If your partner is uncircumcised (un-sir-cum-sized), pull the foreskin back.
5. Unroll the condom to cover the entire erect penis.
6. Rough handling and sharp fingernails can tear condoms.
7. Put extra water-based lubricant such as KY jelly or Astroglide on the outside of the condom.
8. After sex, hold the condom around the base of the penis.
9. Withdraw slowly and carefully.
10. Throw away the used condom.

It is very important that condoms are used the right way or they may not work. Condoms help prevent pregnancy, AIDS/HIV, herpes, warts, gonorrhea, syphilis and other sexually transmitted diseases.

Always use water-based/water-soluble lubricants (like KY jelly). Never use oil-based lubricants such as Vaseline, cold cream or mineral oil or oil based or petroleum based spermicide on latex condoms.

## SPERMICIDES: FOAM, SUPPOSITORIES, JELLY OR CREAM

(Sperm-a-sides)

Spermicides kill sperm before they get to the egg. If you use spermicide each time you have sex, it will help to prevent pregnancy. It is best to use condoms with spermicide foam.

### How to use Contraceptive Foam

1. Shake well before using
2. Follow the package directions and fill the applicator with foam
3. Put the filled applicator into your vagina
4. Press the plunger
5. For the best protection, foam should be put in just before sex, don't wait more than 30 minutes.
6. Take the applicator apart and clean it with soap and water
7. Douching (Doosh-ing) is not needed and it can push sperm up into you. If you feel you must douche, wait at least 6 hours after sex and use a vinegar and water mixture.

**Don't douche for 6 weeks after you give birth.**

## BIRTH CONTROL PILLS ("THE PILL")

The birth control pill keeps the egg from leaving your ovary. **Ask your health care provider about a birth control pill that is made for women who are breastfeeding.**

## PLAN B - ONLY FOR EMERGENCY

Plan B is an emergency contraceptive that can be used to prevent pregnancy after unprotected sex. Take two pills within three days of unprotected sex to prevent the pregnancy.

## **TIME-RELEASE HORMONES**

There are two ways to use time-release hormones that prevent pregnancy. These are best used if you are not breastfeeding.

Your doctor can prescribe:

- The Patch—the skin patch that you place on your stomach or thigh and change weekly or
- The Vaginal Ring - a ring that you put in your vagina, leave in for 3 weeks, and remove for 1 week.

## **IUD (INTRAUTERINE DEVICE)**

This small plastic piece is placed in your uterus by your provider to keep the egg and the sperm apart or to keep the egg from attaching to the wall of the uterus. It can be left in place for as long as 10 years and must be checked regularly.

## **DEPO-PROVERA (INJECTABLE CONTRACEPTION, “THE SHOT”)**

This is an injection that is given every 3 months by your provider to prevent the egg from coming out of the ovaries.

## **NATURAL FAMILY PLANNING**

Learn how to read the signs your body gives about when you can and can't get pregnant. Ask your healthcare provider to teach you.

To avoid pregnancy, don't have sex during the time when you can get pregnant or if you do have sex, use condoms and foam during this time.

## **DIAPHRAGM: BARRIER METHOD OF CONTRACEPTION**

(di-a-fram)

This rubber shield fits over the cervix in the vagina to hold sperm in place. Always use spermicide cream or jelly with your diaphragm to kill the sperm. If you used a diaphragm before your pregnancy, do not use the same one before you see your provider because it may not fit correctly and may make it more likely that you will get pregnant.

## **STERILIZATION (TUBAL LIGATION OR VASECTOMY)**

Sterilization surgery (done to either a man or a woman) can be done so you can no longer get pregnant. If you choose surgical sterilization, you **CANNOT** change your mind and have children later on.

## Nutrition and Foods

Healthy food choices and balanced nutrition will help your body to heal. Eating healthy food will also give you energy to care for your new baby.

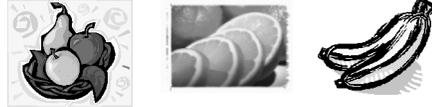
Choose foods from each food group. Pick foods high in calcium (low fat milk and cheese), protein (fish, poultry, and lean meats) and iron (beans and leafy greens).

If you are a vegetarian, be sure to understand what foods are needed for balanced nutrition.

If you were given iron pills, take them as you were told. Iron may give you constipation. If you are taking iron, drink more fluids, eat more fiber from vegetables, fruits, and whole grains, and/or take the stool softener you were given when you left the hospital. Do not worry if your bowel movements become very dark or black while you are taking iron.

**Eat foods from these groups every day.**

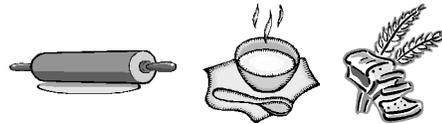
**FRUITS** – Variety of fruit. Limit juices.



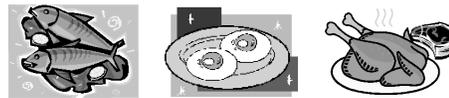
**VEGETABLES** – Dark green and orange vegetables, legumes—dry beans, peas, or starchy vegetables.



**GRAINS** – Whole grains, corn tortillas, high fiber cereal: oatmeal, toasted oats, whole wheat flakes, brown rice.



**POULTRY, FISH, BEANS, EGGS, AND LEAN MEAT**



**MILK** – Low-fat milk, yogurt, or cheese.



**OILS** – Vegetable oils, nuts and fish.



**PHYSICAL ACTIVITY** – At least 30 minutes a day of moderate activity—walking, gardening, bicycling.



Limit animal fat, salt, and sugar. More information is available on the internet at [www.mypyramid.gov](http://www.mypyramid.gov)

# Chapter 2: Feeding Your Baby

**Do not go on a diet to lose weight now, especially if you are breastfeeding.**

Breastfeeding is the best way to feed your baby. The American Academy of Pediatrics recommends that you breastfeed for at least one year. Feeding is more than just giving milk or food. It is a time for closeness with your baby. We will do everything we can to help you breastfeed. Some women cannot breastfeed for medical reasons.

## Breastfeeding

### ADVANTAGES OF BREASTFEEDING

Breast milk is the healthiest food for your baby. Breast milk has special things that help babies grow and develop. It also protects your baby from many illnesses. Breastfed babies have less lung and ear infections and less diarrhea. Breast milk is free and always ready at the right temperature. If you breastfeed, your baby is less likely to have problems with constipation, diarrhea, allergies, asthma, and diabetes.

### WHAT TO EXPECT

After you give birth, your breasts make a thick, yellow liquid called colostrum (kol-os-trum). Colostrum is your first milk and protects your baby from infections. It is all your baby will need during the first days of life. Your colostrum is enough food for your baby until your breasts begin to make more milk around day 3 to 5. Babies often nurse a lot in the first few days. The milk that comes

in later will be whiter and thinner than the colostrum. Frequent breastfeeding is normal and tells your body to make enough milk for your baby. It is also a baby's way of staying close to mother.

All babies lose some weight in the first week. It is important to have your baby's weight checked. Make sure you take your baby to her follow up appointments.

Breast milk is very easy for your baby to digest. That means that your baby may want and need to eat more often than bottle-fed babies. Breastfeed your baby 8 to 12 times in 24 hours or as much as your baby wants.

Every time you start breastfeeding, the first milk that the baby gets is called foremilk. It is important for your baby to have both foremilk and hind milk, so be sure to let her empty at least one of your breasts with each feeding.

Foremilk is thin and watery. It helps to satisfy your baby's thirst. After several minutes of nursing, the hind-milk is released. This milk has the highest amount of fat in it, and is creamy. The hind-milk helps your baby feel full and gain weight; it also can make your baby sleepy. This is nature's way of making sure your baby gets all of her water and nutrition during each feeding.

# How Breastfeeding Works

## HOW TO KNOW IF YOUR BABY IS HUNGRY

These are signs that your baby may be hungry:

- Sucking on her hand or on the blanket
- Turning heads towards you and opening her mouth
- Sticking her tongue out.

When baby starts to cry, it's a late sign that she is hungry. When your baby starts sucking on the nipple and areola (the dark area around the nipple), the breast makes milk. The milk from the back of your breast flows toward your nipple. This is called the let-down reflex. When your baby's tongue presses on your areola, milk comes out of the openings in your nipple.

## GETTING STARTED

Always wash your hands with soap and water before you start to breastfeed. Try to find a place that is comfortable, quiet, and relaxing for you and your baby. Some mothers like to drink water at the same time they nurse. Cuddle and talk to your baby. You do not need to wash your breasts before nursing.

The most important skill is latching on (getting onto the breast the right way).

1. Unwrap your baby first – this will help keep your baby awake and will help you check that your baby is in good position. Once your baby has latched on you can cover the baby with a blanket. After a while, you won't have to do this.
2. Hold your baby close to your breast with the baby's tummy next to your tummy and the nipple pointing at your baby's nose. Touch the baby's lips with your nipple. This will help her open her mouth. Wait until the baby opens her mouth wide and then quickly pull your baby toward your breast.

3. All of your nipple and part of the dark area (areola) should be in your baby's mouth. If not, your nipple may get very sore. Milk cannot flow if the baby just takes hold of the nipple. The baby's mouth should be wide open when sucking starts. This will help your baby to suck well.
4. Offer the baby one breast. When the baby is finished, her sucking will slow down or she may even fall asleep. Break her suction on your breast by putting your little finger into the corner of her mouth and pulling down. Burp her and offer her the other breast. If she does not take that breast, use it first at the next feeding. If your breast is not comfortable, get a little milk from it. If your breast feels full, express milk from it.
5. At each feeding, start with the breast the baby finished with on the last feeding. This helps each breast produce the same amount of milk. You can put a safety pin on your bra strap to help remind you which breast to use first.
6. After each feeding let your nipples air dry. Put a small amount of breast milk on the nipples to help sore nipples. If you use breast cream, make sure it is purified lanolin (e.g. Lansinoh or Pure Lan).
7. Wear a bra with good support. Be sure that the bra is not too tight.
8. To avoid nipple soreness, make sure that the baby is in the right position and your nipple is pointing toward the roof of your baby's mouth. If you are sore, find help from someone who knows about breastfeeding (public health nurse, health care provider, breastfeeding specialist – see the list of breastfeeding resources on page 4).

9. Your baby may be fussy before eating. This is normal. You may have to stop and comfort your baby before trying again. Remember that latching on is something both you and your baby must learn to do.



## Nursing Positions

It is important to find a comfortable position for breastfeeding. For sitting positions, make sure that your back is well supported and that your lap is flat. You may feel more comfortable if you put your foot on a stool or on some telephone books. Here are four positions that you can use. Your nurse can help you try each one and find the most comfortable one for you and your baby.

### CRADLE POSITION

Get comfortable in a chair or sit up as straight as possible in bed. Hold your baby in one arm. Support your arm and the baby with a pillow (or two) if it helps. Keep the baby's mouth close to your breast. Your baby's tummy should be touching your tummy. Your baby's head, shoulders and hips should be facing you, not twisted.



### SIDE-LYING POSITION

Lie on your side in bed with your baby on her side facing you. Bend your top leg and support it with pillows. Place your fingers under your breast and lift upward to your baby's mouth. When the baby's mouth opens wide, pull the baby toward the breast. The side-lying position is good when:

- You have had a cesarean birth;
- You are uncomfortable sitting up;
- You need someone to help your baby to latch on;
- You are tired or nursing at night and want to sleep;
- You have inverted nipples.



### CROSS CRADLE POSITION

This position is like the Cradle Position, except the baby is held with the opposite arm. This allows the baby's head to be supported by your hand and gives the mother a better view of the baby's face and mouth. This position helps positioning of the breast and the baby (for newborns).



### FOOTBALL HOLD POSITION

Sit in a chair or sofa with a pillow on the side that you are going to nurse. Position your baby so the legs and body are under your arm, with your hand holding your baby's head (as if you were holding a football). Place your fingers below your breast, hold your baby's body close to your breast, and allow her to latch on. The football hold is good when:

- You've had a cesarean section and don't want the baby to lie on your cut;
- You need to see better in order to help your baby latch on;
- Your breasts are large;
- You are nursing a small baby (premature);
- You have twins;
- You have inverted nipples.

## How Often Should I Nurse?

Breastfeed your baby on demand, when she needs to eat. It is normal to feed your baby very often. These feedings will happen during the day and at night. You may need to wake your baby up during the first week if she is sleepy and wants to sleep for longer periods of time. After that she will probably wake up on her own and be hungry.

## How Long Do I Nurse?

As long as your baby is in the right position, you do not have to stop feeding at a certain time. Offer both breasts during each breastfeeding. Begin the next feeding with the breast that you finished on.

During the first month, breastfeeding may take from 20 minutes to an hour. Have your baby suck at least 20 to 25 minutes to be sure to get your milk supply going.

## How Will I Know if My Baby Is Getting Enough?

Your baby should pee 1-2 times a day for the first few days, before your milk comes in. By the fifth day, your baby will wet her diaper 6 or more times a day and poop 3 to 4 times a day.

The baby's bowel movements (poop) should look like yellow cottage cheese or mustard by the fifth day. If the bowel movements are still dark or green or brown in color, the baby should see her health care provider.

After your milk comes in, you may be able to hear your baby gulping and swallowing while nursing. This is a sign that your milk is flowing for the baby.

Babies need to breastfeed at least 8 or more times a day, every day. You may need to wake your baby up if she is not feeding 8 times a day.

## Building and Keeping Your Milk Supply

For the first couple of weeks, you should:

- Rest or nap when your baby is sleeping.
- Eat a variety of foods, and drink enough liquids so you are not thirsty. A good way to remember to drink enough is to pour yourself a glass of water whenever you nurse. Drink it as your baby breastfeeds.
- Put the baby to your breast as often as you can (at least 8 times in 24 hours).
- The more you breastfeed, the more milk you will make.
- Do not give your baby a bottle for at least 4 weeks. Sucking on different kinds of nipples might confuse your baby and make breastfeeding more difficult.

## Burping Your Baby

Try to burp your baby after feeding at each breast. Breastfed babies do not swallow as much air as bottle-fed babies do so they may not burp. If your baby was crying before the feeding, nurse for a short time, then stop and burp. When burping your baby, remember to apply some gentle but firm pressure on your baby's tummy.

## Healthy Foods for Breastfeeding Moms

Drink a lot of liquids, especially water. If your urine is dark, or you are constipated, you need to drink more fluids.

Eat 3 servings a day of calcium-rich foods like low-fat milk, yogurt, cheese, broccoli, dark leafy greens.

Eat healthy foods from each of the food groups listed on page 15. The more active you are the more you should eat. If you do very little exercise, you will need smaller amounts from each group. Talk with your health care provider for more information.



Figure 1 – Steps to a Healthier You – MyPyramid – [www.mypyramid.gov](http://www.mypyramid.gov)

## Engorgement (swollen breasts)

About 3 to 5 days after your baby is born, your breasts may become very swollen and painful. This is called engorgement. You will have much more milk than a newborn needs. Your breasts will become very hard and painful. Your nipples may feel tight. Your breast may feel lumpy and heavy. Your body will adjust to your baby's needs in about a week.

## What to Do If Your Breasts Become Engorged:

1. Put a warm wet towel on your breast for at least 5 to 10 minutes before feeding. You can also take a long hot shower and let the hot water run over your breast. Once warm, you can gently massage your breast with your hands, moving from the back of the breast toward the nipple.



2. To soften your breast and make it easier for the baby to latch on, put your fingers on either side of your nipple and push back. Hold it until your areola starts to soften.
3. Feed your baby frequently.
4. Massage your breast during feedings so that they will empty better.
5. If your breasts still feel full after the feeding, get extra milk from your breasts so there will be less swelling. See How to Express Milk from Your Breasts on page 22.
6. Use cold compresses on your breasts (wet washcloth, frozen bag of peas, bag of ice cubes wrapped in a towel) between feedings.
7. Wear a bra with good support.
8. You may take Tylenol or Motrin for pain.

Breastfeeding a lot is the best way to stop engorgement and to keep your milk flowing. Engorgement usually lasts only one to four days.

## Leaking Milk

You may feel a tingling in your breasts when the milk is about to flow (let down). When this happens, you can push on the nipple to stop the leaking. Hold until the tingling goes away. Use clean fingers or a pad. If you are going to be away from home for a few hours, put nursing pads, a diaper or sanitary napkin inside your bra to soak up milk that leaks. Change these once they are wet. Many nursing pads can be washed and reused.

## Breastfeeding When You Are Sick

It is safe to continue to breastfeed during most common illnesses. Some medicines may not be good for your baby and will come through the breast milk. Always tell your health care provider that you are nursing. Be sure to wash your hands before handling your breast or your baby so that you do not spread germs. Do not cough or sneeze in your baby's face.

## Giving a Bottle

You do not need to give your baby water or formula if you are breastfeeding. If you need to give your baby a bottle because of being away from the baby at a feeding time you can get your own milk or give the baby a bottle of formula if breast milk is not available.

Remember that the more your baby sucks, the more milk your breasts will make. Breast pumps are available at WIC. It is best not to give your baby a bottle for the first four weeks. Sucking on different kinds of nipples might confuse your baby and make it difficult to breastfeed.

## How to Express (Get) Milk from Your Breasts

### MANUAL EXPRESSION

(getting milk using your hands)

1. Wash your hands with soap and water before you start.
2. Massage your breast gently but firmly .



3. Place the thumb and index finger behind the areola, push straight back toward your chest. Next, roll your thumb and finger toward your nipple.



4. Turn your hand to another place on the breast and repeat.
5. Do this for 3 to 5 minutes on the first breast.
6. Repeat with the second breast.
7. Return to the first breast and repeat.

It usually takes 15 to 20 minutes to get milk from both breasts.

This method takes practice and usually gets easier the more you do it.

Make sure breast milk stays fresh for your baby.

<b>Store breast milk:</b>	<b>For up to:</b>
<b>At Room Temperature:</b>	
60 degrees F	24 hours
66 to 72 degrees F	10 hours
79 degrees F	4 to 6 hours
86 to 100 degrees F	4 hours
<b>In the Refrigerator:</b>	
32 to 39 degrees F	8 days
<b>In the Freezer:</b> (Freeze milk in small amounts like 2 to 4 ounces so you can choose based on baby's hunger)	
Freezer compartment that is part of the refrigerator	2 weeks
Self-contained freezer	3 to 4 months

## More About Expressing (Getting) Milk from Your Breasts

- You can express milk into an empty bowl. Then store it in a clean bottle with a tight fitting lid. Using a funnel will help. This can go into the refrigerator or freezer.
- Keep your milk in the refrigerator for up to 8 days at home. Breast milk can be frozen for up to 4 months. Be sure to label and date the milk. Thaw the milk by placing the bottle in warm water just before feeding your baby. Never use the microwave to warm the milk, because it changes the nutrients in the milk.

- You can also express milk using a pump.
- If your baby cannot breastfeed, ask about electric breast pumps. Your clinic may be able to order them for you. Medi-Cal may pay for electric pumps.
- WIC has a limited number of electric pumps for WIC mothers who need to return to work or school.

## Returning to Work

You can still breastfeed after you go back to work or school. It is good to plan before you go back. You have a legal right to pump or express your milk at work. See if there is a private quiet place to pump and a place to store your milk. Place the milk inside a cooler with three blue ice packs. That way it can stay fresh for up to 24 hours. If the milk smells sour, throw it out.



If you pump, your babysitter can give your baby your pumped milk from a bottle. If you cannot express your milk while you are at work, your baby can have formula during the workday and breastfeed at all other times. Start by skipping one breastfeeding during the hours you will be at work every other day and slowly increase the number of bottles you give. Your breasts will adjust to making less milk during the day.

Breastfeed just before you leave for work. Ask your babysitter or day care provider not to give your baby a bottle within an hour of when you return to your baby. This way your baby will be ready to breastfeed when you come home.

## Problems While Nursing

If you have any problem that does not go away with these tips, ask a nurse, public health nurse, or breastfeeding specialist for advice or call your clinic. Call 206-MILK for help. See page 4 for phone numbers of clinics and of WIC (Women, Infants, and Children) Program sites.

## Sore Nipples/Cracked Nipples

Sore or cracked nipples may result from incorrect positioning or latching on. Here are a few things that you can do if you are having sore nipples:

1. Be sure your baby is taking a big mouthful of breast every time she feeds. Do not let her suck on your nipple only.
2. Soften your areolas before feeding by pushing on them. This helps baby put more in her mouth.



3. Give your breasts some air for a few minutes after each feeding. You can rub breast milk on your nipples to help healing. You may also use purified lanolin on your nipples after feeding (Lansinoh or PureLan).

4. Be sure to break your baby's suction with your little finger before removing her from your breast.
5. You may use a pain medicine (like Tylenol or Motrin) ½ hour before nursing.
6. If you are using a breast pump, make sure your nipple is centered on the suction funnel.
7. Do not use soaps, alcohol, creams, or lotions on your nipples. They may cause drying of the skin and irritate the nipples.

## Mastitis (Inflamed Breast)

When you have mastitis, you may feel like you have the flu. There may be redness or tenderness on one or both of your breasts. You may have a fever. Here's what to do:

1. If possible, go to bed with your baby for 24 hours. This will help you get the extra rest you need and will make it easier to feed your baby more often. You will need to feed your baby as often as possible.
2. Call your health care provider or the Birth Center if you:
  - Are running a fever of 101.2 F or 38.5 C;
  - Have chills;
  - Are sick to your stomach;
  - Are throwing up; or
  - If the redness or pain lasts for more than 24 hours.
3. You can still feed from the sore breast even if you are taking antibiotics.
4. You may use pain medicine (like Tylenol or Motrin).
5. Follow the tips for treatment of plugged ducts below.

## Blocked Ducts

If you feel a small hard lump in your breast, you may have a blocked milk duct. Here's what to do:

1. Feed your baby frequently.
2. Put a warm wet washcloth or towel on your breast for 5 to 10 minutes before feedings. You can also take a hot shower and massage your breasts with your hands.



3. Let your baby nurse from the blocked breast first so that the breast can give milk better.
4. Be sure all of your nipple and part of the dark area are in your baby's mouth.
5. Massage the blocked breast while you nurse.
6. Change positions (see page 18).
7. Get a lot of rest and fluids.
8. Be sure that your nursing bra is not too tight.

If the lump does not go away within a day or two, call your health care provider. If there is an infection, you may need antibiotics.

## Formula Feeding

You may choose to feed your baby with a bottle for some or all of your feedings. Your breasts will adjust and make less milk. If you do not breastfeed, your milk will dry up in about a week to ten days. Use ice packs and wear a tight bra to stop milk from coming.

## There are several types of infant formula you may choose:

For the first year of your baby's life you must use breastmilk or infant formula. Do not use cow's milk or canned milk. These can make your baby very sick. Make your baby's formula carefully. Read the label and follow the directions.

### TYPES OF FORMULA

#### 1. Ready-to-Feed Formula

This formula is a liquid and comes in a can. It can be poured from the can into a bottle. Do not add water. Wash and dry the top of the can before you open it. Put this formula in the refrigerator after the can is opened and use within 24 hours.

#### 2. Liquid Concentrated Formula

This type of formula comes in a can. You must mix it with water before you can use it. Mix half water and half formula. Once the can is opened, it must be refrigerated and used within 36 hours.

#### 3. Powdered Formula

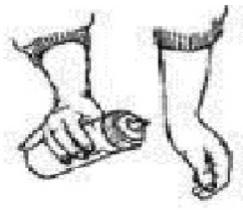
This formula comes in a can and is a powder. It costs the least of all the formulas and can be kept for a long time after opening. You may fix as much formula as you like at a time. Once mixed it is only good for 24 hours in the refrigerator. **The powder must be mixed ONE scoop for every TWO ounces of water.** Then shake the blend gently, until the powder is gone.

You do not need to sterilize the bottles and nipples, but you should clean them well before the first use and between uses. Scrubbing with a bottlebrush in hot soapy water is important. Rinsing nipples in hot water after washing gets all the soap off. Squirt water through the hole in the nipple to make sure it is not plugged with dried formula.

Mixed formula can be stored in clean bottles in the refrigerator. Powder can be put in clean bottles and stored until mixed with water.

If you have trouble paying for formulas, talk with your health care provider or social worker. You may be eligible for the WIC (Women, Infants, and Children) Food Program. See page 4.

# Infant Formula Do's and Don'ts

DO's	DON'Ts
<p><b>DO</b> test the temperature of the formula on your wrist. It should be warm (room temperature). It should not be hot.</p> 	<p><b>DON'T</b> change the temperature of the formula from day to day. Your baby gets used to one temperature and may refuse to eat if the temperature is different.</p> <p><b>DON'T</b> heat the bottle in microwave. Even though the bottle may feel cool, the formula may be very hot in some places. If a family member says that they must use the microwave, make sure the bottle is not completely filled so you can shake it up and fully mix the formula.</p>
<p><b>DO</b> hold your baby when feeding with her head and chest higher than her hips.</p> 	<p><b>DON'T</b> let your baby go to sleep with a bottle in her mouth. Lying flat can raise the chance of ear infection and choking. Going to sleep with a bottle can lead to a habit that can be bad for the mouth or teeth.</p>
<p><b>DO</b> hold the bottle so the nipple and neck of the bottle are always filled with formula.</p> 	<p><b>DON'T</b> prop the bottle. Babies need to be held when they are fed. By holding the bottle the right way the baby will drink less air and have less tummy upset and burping. When a bottle is held in place by a pillow, blanket, or any other object, there is a good chance it will slip. It may cause choking.</p>
<p><b>DO</b> throw away ANY formula left in the bottle after a feeding. Use fresh formula for the next feeding.</p> 	<p><b>DON'T</b> force your baby to take the whole bottle. She will take what she wants and needs.</p>

## Burping

Stop and burp your baby two or three times during each feeding to remove any air she has swallowed. Burp your baby by putting her on your shoulder or by sitting her on your lap. Pat or rub her on her back. Some babies burp easily, some take a few minutes to burp, and others are even slower. Burp your baby when the bottle is half-empty and at the end of the feeding. Have a cloth over your shoulder or lap for spit up. Some babies spit up small amounts of milk when burping. This is normal.

## Feeding Schedule

Most newborns need about 8 feedings in 24 hours. Each baby will set her own timetable for eating. For the first few days of life she may be quite sleepy. She will probably be more awake and have a pattern for eating by the third or fourth day. When she is full, she will stop sucking and she may go to sleep. When this happens, do not force her to drink more. She may vomit if she takes more than her tummy can hold. After feeding and burping, place the baby on her back to go to sleep.

## Solid Foods

Breast milk and infant formula are the only food your baby needs for the first four to six months. DO NOT give juices, water, cereals or other foods. They are difficult for the baby to digest during this time and may cause allergies.

**Check with your baby's health care provider before you give your baby any food other than breast milk or formula.**

# Chapter 3: Caring for Your Baby

## Appearance – How Your Baby Looks

Your baby may look different than you thought she would look. You may see some of the following in your baby. They are all normal.

### HEAD

There is a soft spot on the top of her head. It normally closes between 18 and 24 months of age. Swelling of the head often happens during birth. It may take a few days before the swelling goes away. Molding (shaping) of the head also happens during birth. The head will become round during the first couple of weeks.

The “whites” of the eyes may look blue or have red spots. These will go away as the baby gets older.

### BODY

The baby’s breasts may be swollen and you may see milk in both boy and girl babies. Do not squeeze your baby’s breasts. This is from your pregnancy hormones and will go away soon after birth.

The umbilical stump (where the umbilical cord was cut) is moist. In 7 to 10 days it will dry out, turn dark, and fall off. You may see a little blood around the stump. This is normal. See cord care on page 33.

### INSIDE THE DIAPER

In baby girls, a white creamy, mucousy, or even bloody discharge from the vagina is common. It is from your pregnancy hormones and will go away within the first few weeks.

In both boys and girls, the genital area can look swollen and darker in color at birth. This will go away in a couple of weeks.

### SKIN

Some babies will have a purple-blue area on their bottom, back, or legs. This will get lighter and disappear over the next 18 months.

Skin color varies with race. If the baby’s skin becomes yellow (jaundice), it might mean that there is something wrong. See Jaundice on page 33.

## Behavior

If you are worried, please call your baby’s doctor or nurse practitioner. During the first few weeks, newborn babies can sleep most of the time and may be awake for feedings and baths only. It is normal for babies to sleep between 16 and 20 hours (with feedings in between) each day.

As your baby grows, she will gradually have longer awake periods. Not all babies sleep most of the time and some may only sleep for short periods during the day or night. This may be very normal for your baby. Every baby has her own sleep-wake and feeding patterns. Sometimes this can be very hard, because your baby's patterns may be very different from your sleep-wake patterns.

All babies make noises when they are asleep and awake. Babies also sneeze, snort, sniffle, yawn, burp, pass gas and have hiccups. Sneezing clears the nose of dust. Coughing clears the throat. You can usually help stop your baby's hiccups by having the baby suck for a short time either at your breast or from a bottle. Hiccups are normal; they don't bother the baby.

Newborn babies can see, hear and respond to touch. They try to look at things (8 to 12 inches away from their eyes) and often like certain faces, voices, or sounds. Play with your baby and it will help her grow. Your baby will enjoy being talked to, having something bright to look at and being cuddled.

Your baby will quickly learn who you are by your voice, your touch, and your smell. Soon you will see your baby turn to look for you when she hears your voice. She will follow you with her eyes when you move around the room. Enjoy your baby! Watching your baby grow is one of the joys of being a parent.

## How to Calm Your Crying Baby

### CRYING

All babies cry. It is frustrating. Crying does not mean that you are a bad parent. Your baby is not trying to make you angry. Your baby may cry for up to 6 hours a day!

Crying does not hurt your baby.

- Crying does not cause brain damage or other health problems.
- Your baby will cry if there is yelling or fighting in the home. Don't fight in front of your baby.
- Your baby may cry if she is too hot or too cold, or if she is teething.
- Your baby may cry for no reason.

If you are worried about your baby, or your baby is sick or acting differently, see a doctor right away.

### HOW TO CALM YOUR BABY

- Change your baby's diaper.
- Feed and burp your baby.
- Give your baby something to suck.
- Rub your baby's tummy or back
- Hold your baby against bare skin.
- Wrap your baby tightly in a soft blanket.
- Turn the lights out.
- Motion may help:
  - Gently rock your baby back and forth.
  - Put your baby in a cloth carrier and take a walk outside.
  - Rock your baby gently in an infant swing.
  - Take your baby for a ride in the stroller or care. Use a car seat.

- Sound may help:
  - Sing to your baby
  - Say “Shhh” in your baby’s ear louder than your baby is crying.
  - Turn on a radio, fan or vacuum cleaner to make a soothing noise while your baby is in the crib.

Sometimes, your baby will not stop crying:

- Let your baby cry it out.
- Calm yourself down.
- Call the TALK Line number (415 441-5437)

#### **IF YOU FEEL ANGRY OR OUT OF CONTROL:**

- Do not pick up or hold your baby.
- Put your baby in the crib on his or her back and leave the room.
- Take a break:
- Take a deep breath and count to 10. Then count to 20.
- Call a friend or neighbor for support.
- Splash cold water on your face.
- Take a shower.
- Listen to music.
- Exercise.
- Make a cup of coffee or tea.
- Call your doctor and ask for advice. Your baby may be sick.
- Ask a trusted family member or friend to watch your baby.

#### **NEVER SHAKE YOUR BABY**

Many parents feel very upset when their baby won’t stop crying and sometimes shake their baby. Shaking your baby, for just a few seconds, can kill. What can happen if a baby is shaken?

Forceful shaking can cause permanent injuries, such as:

- Brain damage
- Blindness
- Coma
- Severe disability
- Mental retardation
- Death

For more ideas on what to do if your baby won’t stop crying, call the TALK Line at 415-441-KIDS (415-441-5437).

This is a free, confidential, 24-hour counseling and crisis line for parents. Share this information with everyone who cares for your baby, including family and babysitters.

### **Can You Spoil Your Baby?**

No! When your baby cries, pick her up. This will not spoil your baby, it will help her feel safe.

### **Sucking and Pacifiers**

Babies need to suck even when they are not hungry. Sucking is one way babies calm themselves. Don’t use the pacifier as soon as your baby fusses. Try changing, feeding, and holding your baby. Often just talking to your baby from anywhere in the room will calm her. Let her learn that the pacifier is just one way of being comforted.

If you are breastfeeding, the baby may choose to spend more time at the breast for comfort. Don’t worry, she won’t over-eat. We suggest that you wait until your baby is at least four weeks old before giving her a pacifier. This will prevent nipple confusion. Introduce the pacifier by stroking the nipple lightly on the roof of the mouth.

The American Academy of Pediatrics recommends pacifier use after one month for breastfeeding babies. For bottle-feeding babies the academy recommends pacifiers from the start.

Use pacifiers safely:

- Keep the pacifier clean. To prevent infection, wash it daily with hot soapy water and rinse it well.
- Do not clean pacifier by putting it in your own mouth.
- Never put a pacifier on a string around your baby's neck. This could strangle the child.
- Never use a long string to attach the pacifier to your baby's clothes. Instead use a short string (no longer than 7 inches) or a pacifier clip made to attach the pacifier to the baby's clothes.
- Look at the pacifier often to make sure it's not cracked. The nipple can tear off and be a choking hazard.
- The shield between the nipple and the ring of the pacifier should be wide enough so that your baby cannot get it into her mouth.
- The shield should have holes in it so that the skin doesn't stay moist all the time.
- Never dip the pacifier in anything other than water, breastmilk, or formula.

## Colic

If your baby is fussy and crying a lot, she may have colic. A "colicky" baby often has a loud high pitched cry, arches her back, draws up her legs and may have a bloated and hard stomach. No one knows what causes colic. It often begins around three weeks of age. Crying happens more often in the evening.

Colic usually goes away at around three months. Colic does not mean your baby is sick or won't grow and it is not usually due to bottle-feeding or breastfeeding.

Be sure your baby is not crying for some other reason. See your baby's health care provider if colic continues.

Try to comfort your baby by using the suggestions for calming your baby. Do not overfeed your baby because she is crying. Feeding will only make the crying worse. It may be better if feedings are done in smaller amounts and more often. Burp your baby well so there is no gas build up in her tummy.

**Special positions** that sometimes comfort colicky babies.

1. Gently bring her knees up to her stomach and press her knees and thighs against her tummy.
2. Hold the baby over your shoulder with her bottom resting in the bend of your arm.
3. Hold the baby face down across your arm with her cheek at your elbow.
4. Place the baby across your knees, face down and gently pat her on the back.

## Newborn Development

These are the average ages that babies do certain things. Remember, your baby may be different. These are just guidelines. Talk to your baby's health care provider if you have questions or concerns.

When your baby is 6-10 weeks old, she:

- Can hold head up for a few seconds when on tummy
- Follows moving objects
- Knows familiar faces
- Stares at faces
- Smiles when you talk

When your baby is 2 to 3 months old, she:

- Begins to swing hands and arms at things
- Stretches and kicks legs
- Brings hand to mouth
- Starts to babble
- Copies some sounds
- Turns head toward sound
- Smiles when smiled at
- Enjoys playing with other people

## Your Baby's Body

### JAUNDICE

(jon-dis)

Newborn babies sometimes develop a yellow coloring of the skin and eyes. This is called jaundice. Normal jaundice appears on day 2 or 3 of the baby's life and goes away within two weeks. Most of the time jaundice is mild and causes no problems. If your baby becomes yellow after leaving the hospital, call your health care provider.

### CARE OF THE UMBILICAL CORD

(um-bil-i-cal)

A newborn's umbilical cord usually falls off between the first and second week. The cord may remain on for as long as three weeks. If the belly button is red, smelly or pussy, call the baby's health care provider.

#### Until the cord falls off:

1. Give your baby sponge baths – a bath with a washcloth or sponge. Try not to get her belly button wet.
2. Do not cover the belly button. Fold the diaper over to keep it below the cord.
3. If the cord becomes dirty, clean it with soap and water. Let it dry well. Let the cord fall off on its own. Do not pull it off.

#### After the cord falls off:

1. The cord may bleed a small amount when it falls off. If the area around the cord becomes red and swollen or has a bad smell, call your baby's health care provider.
2. After your baby's belly button has healed you can give her a tub bath (see page 36).

### CARE OF THE PENIS

#### Uncircumcised Penis

(un-sir-cum-sized)

When giving your baby a bath, you should also wash your baby boy's penis. You do not need to pull back the foreskin to wash under it. If you see white or yellow colored oozing, just wash it away without trying to pull back the foreskin.

At birth and during the first year, the foreskin is usually very tight and cannot be pulled back. This is normal. The foreskin will begin to pull back on its own by the time your child is 5 or 6 years old. Leave the foreskin alone.

### **Circumcised Penis**

(cir-cum-sized)

If your baby has been circumcised you will need to take care of it for a few days. Keeping the penis clean will help it heal quickly. For a short time the end of the penis may be sore and it needs to be protected. After the circumcision your baby's penis will be covered with gauze and Vaseline petroleum jelly. When he pees and you change his diaper the first time, gently remove this gauze.

When you take off his diaper, his penis may stick to it. Wetting this area of the diaper with clean water should loosen it.

To clean the penis:

1. Soak a clean cotton ball with warm water and squeeze it over the circumcision site.
2. Wipe around the penis and scrotal sac (balls) with a warm wet wash cloth and diluted soap to clean after pee and poop.
3. After cleaning the penis, put Vaseline on the circumcised area and on the front of the baby's diaper where his penis will be. This will calm your baby and stop the diaper from sticking to his penis.
4. Do not use pre-moistened wipes, alcohol, powders or lotion on the circumcision site. These may cause pain and irritation.

Call your baby's health care provider if you see bleeding, redness, swelling, pus or any oozing at the circumcision site.

### **Bowel Movements (poop)**

The first bowel movement after birth is green-black or brown and very thick. This bowel movement is called meconium (me-ko-nee-um). During the first week, your baby's poop will become a lighter green and then yellow with white chunks sometimes like cottage cheese.

Babies who are breast-fed may have a bowel movement with every feeding. The bowel movement is usually a yellow color and watery.

A baby who is fed formula may only have a bowel movement once a day. The poop is darker in color and more formed than those of the breastfed baby.

Most babies strain, make faces and noises when they have a bowel movement. This is normal.

### **Skin Care**

It is common for newborn skin to appear dry, cracked, and peeling. You don't need to treat it.

#### **RASHES**

##### **Cheek and Neck Rashes**

Cheek and neck rashes are common in newborns and are usually because of wetness on the face and neck (milk, drool). When this happens, wipe the baby's face with water and a soft cloth.

## Diaper Area Rashes

Diaper rash is a skin irritation in the diaper area. The skin becomes red, with or without bumps. Diaper rash may be caused by irritation to baby's skin, diapers washed in harsh detergent, disposable diapers or plastic pants.

It is very important to change soiled and wet diapers as soon as possible. When changing your baby's diapers, wipe poop away from the genital (vagina or penis) area toward the anus (rectum). With a girl, open all folds and gently wipe them clean with a downward motion from front to back. With a boy, be sure to lift the scrotum (balls) and clean underneath and along the sides.

If your baby develops a diaper rash, expose her bottom to the air as much as possible. Keep the diaper area clean.

If the rash does not get better in two to three days, or gets worse, call your baby's health care provider.

## The best ways to prevent diaper rash are:

1. Keep your baby's skin clean and dry.
2. Check baby's diaper with every feeding. Change it if it is wet or soiled.
3. Do not use these on baby's bottom:
  - talcum powders;
  - baby powders;
  - or corn starchIf baby breathes in the powder, it can hurt baby's lungs. Cornstarch can spread bacteria.
4. Remove plastic pants as much as possible.
5. Use absorbent cloth or disposable diapers.
6. If you use cloth diapers, wash them with a mild soap or run the rinse cycle twice in the washing machine. Do not use fabric softeners, they may irritate baby's skin. You can use  $\frac{1}{4}$  cup of vinegar instead of fabric softeners.

If your baby develops a diaper rash, expose her bottom to the air as much as possible. Keep the diaper area clean.

If the rash does not get better in two to three days, or gets worse, call your baby's health care provider.

## Bathing

**SPONGE BATH** – bath using wash cloth or sponge (not sitting in a tub)

Do not put your baby into a tub of water until the cord has fallen off. A sponge bath is all that she needs.

Bath time should be a relaxed social time.

**Never leave your baby alone** on a table or in the tub. Hold her with a firm grasp. The room where you bathe your baby should be warm (75 to 86 F) and free from drafts. The water should be warm (not hot) to touch on your wrist or test with a digital thermometer.

1. Use only water to clean the baby's face.  
Do not use soap.
2. Wipe each eye with a cotton ball dipped in warm water and squeezed out. Wipe each eye from the inside corner out. Use a new cotton ball for each eye.
3. Wash the rest of her face with a washcloth and warm water.
4. Use a soft washcloth to gently wipe the outside of the baby's ear. Never put anything inside baby's ears to try to clean them.
5. Clean her nose and nostril openings with cotton balls and warm water. Do not use Q-tips in her ears, mouth, or nose. The sticks are hard and may hurt your baby.
6. Next, shampoo your baby's head. Reach under your baby's bottom and put your arm under the baby's back. Your hand should hold his head. Be sure to wash over the "soft spot". Start by squeezing water from the wash cloth onto baby's head. Then shampoo. Rinse by squeezing more warm water (without soap in it) from the wash cloth until all the suds are gone. You only need to shampoo your baby's hair 1 to 2 times a week.

7. Remove baby's diaper and soap the rest of her body. Use only gentle, non-perfumed soaps (glycerin soap or baby soap). Do not wet your baby's belly button until her cord has completely healed. If your baby has been circumcised, wash the penis gently. If your baby has not been circumcised, **DO NOT** push back the foreskin.
8. Rinse away the soap with a wash cloth. Pat dry. Be sure to dry all the skin folds. Dress your baby in clean clothes.

## TUB BATH

Be sure everything you need is easy to reach. Fill the baby tub, sink, or dishpan with about 3 inches of warm (not hot) water. Always test the water temperature with your elbow or wrist to make sure it is not too hot. A towel on the bottom of the tub will help keep your baby from slipping. Before you put your baby in the tub, wash her face.

Be sure to safely hold on to your baby as you put her into the tub. Slip one hand under your baby's shoulders and armpit and the other hand under her bottom. Then gently lower baby into the bath water. Once in the water, support your baby's back and head with one arm.

Do not be afraid to touch gently the baby's soft spot. At least twice a week soap baby's scalp and hair with mild shampoo to remove oil and skin flakes. Rinse carefully so you don't get soap in her eyes. Hold your baby firmly so she does not slip. Wash the rest of her body with soap. Give special attention to folds. Clean the genital area. In girls, gently wipe genital area from front to back. With a boy, use a washcloth to wipe around the penis. Rinse baby.

Lift your baby out of the tub and wrap her in a towel. Pat her dry. Pay special attention to folds and creases. Dress your baby in clean clothes.

## Dressing

A good rule to follow is to dress your baby with one layer more than the clothes you are wearing.

1. Keep a hat on your baby when you go outside and it is cool or the wind is blowing. Babies lose a lot of body heat from their heads.
2. When outside, keep your baby out of the direct sun. If the baby is going to be in the sun, be sure to use a sun block for babies to prevent sunburn. Cover the baby's head with a hat.
3. At night, dress baby in a warm sleeper that covers her feet. Then your baby will not get cold if she kicks off the covers.

Many parents dress their babies too warmly. Do not dress your baby so warmly that she becomes sweaty. If you dress your baby too warmly, she may:

- Be uncomfortable
- Get diaper rashes or other skin rashes
- Become chilled when all the warm clothes are taken off
- Be restless and not sleep well
- Be at increased risk for Sudden Infant Death Syndrome (SIDS)

# Chapter 4: When Your Baby is Sick

At some time your baby will get sick. All babies do. As your baby grows and you get to know her better, you will learn to know the signs of illness.

Sometimes you can tell that your baby is sick by her crying. Crying may mean that your baby has colic or is just upset. However, when your baby looks different to you and her color has changed and she still cries, she may be sick. Other signs of illness in a baby are:

1. Throwing up
2. Many watery bowel movements
3. Crying more than usual
4. Not wanting to eat or eating less than usual
5. Not acting like herself
6. Being more sleepy than usual (not able to stay awake, sleeping longer than usual)
7. Hard to wake up

If your baby has any of these symptoms, take her temperature and call your baby's health care provider. If you are not sure what is wrong with your baby or have questions, call your baby's health care provider or clinic.

**Normal armpit temperature is:**  
**36.5 to 37.5 degrees C**  
**97.6 to 99.5 degrees F**

## Taking Baby's Temperature

You cannot tell a baby's temperature by just feeling her forehead. Take your baby's temperature in her armpit before you call the baby's provider. Do not take your baby's temperature rectally (in her bottom). It may hurt the rectal area.

## Digital Thermometer

Use a digital thermometer; it is easy to use and easy to read. A digital thermometer works like this:

1. Turn the digital thermometer on and wait until it is ready to take the temperature.
2. Place the thermometer under the baby's arm in the armpit and hold her arm close to her body.
3. Leave the thermometer in place until it beeps or stops blinking.
4. Remove and read the numbers.

## If your baby's temperature is below 36.5 C or 97.6 F:

1. Take her temperature again and leave the thermometer in longer this time. The temperature (even with a digital thermometer) may go up more if the thermometer is put in the right way.
2. In the meantime: Put more clothes on the baby. Wrap the baby warmly. You may even need to make the room or house warmer. Make sure the baby is not in a draft or breeze.

3. After adding clothes and blankets, wait 30 minutes (you can be calling the clinic during this time) and take her temperature again.
4. If her temperature is still low, call the baby's care provider or clinic.

**If your baby has a temperature over 99.5° F or 37.5° C, your baby is too warm.**

1. Take off extra layers of clothing
2. Take her temperature again in 30 minutes. If it is still high, call your baby's healthcare provider or clinic.

**A baby may have no fever and still be sick.**

- Take her temperature again in two hours.
- How she looks and acts is more important than her temperature alone.
- If your baby seems ill, call your health care provider or clinic.

## Illness in New Babies

### COLDS

If your baby has a stuffy nose and no fever, and is acting like herself, you can help clear the nose with a bulb syringe. Noisy breathing usually bothers the parents more than the baby. Some babies have a lot of sniffles with a rattling noise in their nose. This is usually not a cold.

Signs of a cold are:

1. Your baby may have a runny nose that is clear and watery. In a few days it may become thick and sticky. The runny nose may turn yellow or green.
2. Her eyes may be red.

3. She may cough, sneeze and make a lot of noise when she breathes.
4. The baby may be fussy and not want to eat.
5. The baby may have a fever. Take her temperature.

When your baby has these signs of a cold and is not eating or breathing well, call your baby's care provider or clinic.

### VOMITING (Throwing Up)

Many babies spit up breast milk or formula during burping or after a feeding. This is a small amount and is not vomiting.

Your baby may vomit when she is sick. Vomiting is when the baby forcefully throws up most of a feeding. Babies can lose a lot of fluid with vomiting. If she vomits forcefully more than once, take her temperature and call your baby's health care provider or clinic.

### DEHYDRATION (Loss of Fluid)

It is very easy for babies to become dehydrated when they have vomiting, diarrhea, or a high temperature. Signs of dehydration are:

- Very sleepy
- Unable to wake up
- Not eating
- Dry, hot skin
- Dry mouth
- Less pee, fewer number of diapers
- Dark yellow pee

Dehydration is serious. Call your baby's health care provider.

# Chapter 5: Protecting Your Baby

## Immunizations

(im-u-nize-a-shons)

### VACCINATIONS

(vak-sin-a-shons)

Every child needs to be protected from childhood diseases like polio. Immunizations are also called vaccinations or shots. If your child does not get immunized, she may get one of these diseases and she could become very sick or even die. Immunizations begin in the hospital with a hepatitis B shot. It is important that you get each immunization on time to make sure your child has the best protection. At 2, 4, 6, 12, and 15 months old your baby should be getting vaccinations from your health care provider.

Pertussis is whooping cough. It is very easy to pass from one person to another. It is dangerous to babies less than one year old. They can get very sick or die. Babies cannot get the vaccine until they are 6 to 8 weeks old.

The Tdap vaccine protects us from pertussis, tetanus, and diphtheria. Anyone who will have close contact with a baby should have the vaccine. This includes parents, grandparents, child-care providers, and brothers and sisters. Mothers with new babies should get the vaccine as soon as the baby is born before they leave the hospital.

Keep your baby's immunization record. Bring your immunization record with you to your baby's medical visits.

## Car Seats

Make baby's first ride a safe one. Correct use of child safety seat protects children from injury and death in car crashes. California laws says that:

1. Secure your baby in a car seat that faces the back of the car until he or she is at least 1-year-old and weighs at least 20 pounds. Keep baby away from an airbag.
2. All children less than six years of age or less than 60 pounds must ride in the back seat and must be secured in an appropriate car seat.
3. Everyone riding in a car must be properly secured in a child restraint system or a properly fitted safety belt.
4. To make certain that your child is safe follow these guidelines.
  - Use a child safety seat that meets Federal Safety Standards.
  - Always secure your baby in a car seat when riding in a car.
  - Before installing a car seat, read the car owner's manual and the car seat instruction booklet. Make sure the car seat is tightly secured to the car and that your baby is snugly secured to the car seat. Check to make sure that the seat belt is tight.
  - Check to make sure the seat is secured every time baby rides in the car.
  - Do not hold your baby on your lap even for short rides.
  - Do not use a car seat older than 5 years. Do not use a used car seat without known history and instruction booklet.

- Do not hang toys or extra accessories near or over the car seat. They may fall and hurt your baby.

## **Second Hand Smoke**

Do not let your baby breathe tobacco smoke. Babies' lungs are not yet fully formed. Tobacco can cause severe health problems. Cigarettes may also burn your baby.

Protect your baby by:

- Never letting anyone smoke while holding your baby.
- Never letting anyone smoke in the room where your baby is.
- Sitting in no-smoking areas when you visit public places with your baby.
- If you smoke, smoke only when you are away from your baby. Get help from your doctor or clinic staff to quit smoking.

## **Colds and Diarrhea**

(di-a-ree-a)

Always wash your hands before you touch a baby. This will help prevent you from giving your baby an infection. Be very careful if you have a cold or diarrhea.

## **Rashes and Sores**

People who have sores on their lips should not kiss your baby.

People who have sores on their hands should not touch your baby.

## **Chickenpox**

People who have chickenpox or have been exposed to someone who has chickenpox should not come near or hold your baby.

## Safety

More children die from accidents than from any other cause. You can prevent most accidents and injuries. Often accidents happen because parents are not aware of what their children can do. The biggest dangers to your baby are car crashes, drowning, burns, choking and falls. Here are some things that you can do to help protect your baby.

### BATHS

Be careful not to burn your baby! Check the temperature of the bath water with your elbow. NEVER leave your baby alone in the bath for any reason -- it takes only seconds to drown. Keep one hand on your baby at all times during his bath. Wrap him up and take him with you if you must answer the telephone or the door.

### FALLS

Stay near your baby when she is on a bed, table, couch, or any other high place. It is best to keep one hand on your baby at all times. A newborn can wiggle and squirm and should never be left alone for a moment on a high place. Put a fence across stairways to prevent falls down stairs.

### POISONING

Never give medicines to your baby unless your baby's care provider tells you to do so.

Do not give honey to any baby under one year old. It can cause infant botulism (bot-you-liz-um), which can cause death.

Keep all cleaning products, poisons and medicines out of cabinets that are low or put locks on those cabinets.

Keep plants out of reach. Many plants are poisonous if they are chewed or eaten.

### If your child swallows poison like medicine or cleaning products:

**Call 911 if your child is having a seizure or difficulty breathing.**

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

1. Tell them the name and brand of what your baby swallowed.
2. Keep the container, the label and anything left in the container.
3. Do what the poison control center tells you to do. Your child may be safely treated at home or may need to go to the emergency room.

### DANGEROUS OBJECTS

All babies like to put things in their mouths. Keep pins and other sharp objects, like scissors and knives out of baby's reach. Do not leave plastic (dry cleaners' bags, plastic wrap, etc.) anywhere near the baby. Keep small objects like buttons, beads, hairpins, coins and small toys in a safe place.

## BURNS

Keep hot liquids, hot foods, and electrical cords of irons, toasters, and coffeepots out of the baby's reach. At 3 to 5 months, your baby will wave his fists and grab at things.

Never put your baby's bottle in a microwave oven. Although the bottle itself remains cool to the touch, the liquid may become very, very hot. Hot liquid forms steam. The buildup of steam in a closed container could cause it to explode.

To protect your child from burns, lower the temperature of your hot water heater to 120°F. Protect your child from house fires; put in smoke alarms where you live. Check the smoke detector once a month. Check the batteries at least twice a year.

Never eat, drink or carry anything hot near your baby or while you are holding her. She may get burned. You cannot handle both! Check the temperature of formula and solid food before feeding the baby. Food should be lukewarm, not hot.

If your baby does get burned, put the burned area in cold water right away. Then cover the burn loosely with a bandage or clean cloth. Call your doctor about all burns to your baby.

## TOYS

Choose toys with care. Look for safety labels such as, "flame retardant/flame resistant" on fabrics and "washable/hygienic materials" on stuffed toys and dolls.

Buy toys that are too large to swallow. Toys should not have sharp edges or small parts that can come off. Toys with long strings may be dangerous for infants and very young children. The cords may become wrapped around a baby's neck.

Check all toys often to make sure that they are not broken. A damaged or dangerous toy should be thrown away or fixed right away.

## More Tips

1. Remind people to wash hands before holding or playing with your baby.
2. Avoid exposing your baby to people who have a flu or cold. Avoid crowds.
3. Wash all new clothes, bedding, and blankets before you put them on your baby.
4. Put on diaper pins so that they open away from your baby's body. Then, if the diaper pins open, they will not stick her.
5. Wait to pierce your baby's ears until she is older. Small babies can get very serious infections when their ears are pierced.

## MAKE SURE YOUR BABY'S CRIB IS SAFE

- Always lock the sides of the crib in the raised position.
- Crib rails should be close so that baby's head will not fit through. No more than 2 ¾ inches apart. (If a soda can fits in between the rails, they are too far apart). Do not use the crib if it has missing or broken slats or parts.
- Never use a pillow in the crib. Keep soft, fluffy or loose bedding and stuffed toys out of your baby's crib.
- Do not hang toys with long strings in the crib or in the playpens. Baby can get caught in the string.
- When baby can pull up on her hands and knees, be sure to remove crib gyms.
- Never use a plastic bag as a mattress cover
- Make certain that mattress fits tightly into the crib (less than two fingers between crib mattress and sides)

## SAFE SLEEP FOR YOUR BABY

1. Always place your baby on his or her back to sleep, for naps and at night. The back sleep position is the safest.
2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. Keep soft objects, toys, and loose bedding out of your baby's sleep area. Don't use pillows, blankets, quilts, sheepskins, and pillow-like crib bumpers in your baby's sleep area. Keep all other items like stuffed toys away from your baby's face.



4. Do not allow smoking around your baby. Don't smoke before or after the birth of your baby, and don't let others smoke around your baby.
5. Keep your baby's sleep area close to, but separate from, where you and others sleep. Do not put your baby in a bed, on a couch, or armchair with adults or other children. If you bring the baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, or cradle.
6. Offer a clean, dry pacifier when placing the infant down to sleep. Don't force the baby to take it. (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)
7. Do not let your baby overheat during sleep. Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.

8. Avoid products that claim to reduce the risk of SIDS. Most have not been tested for effectiveness or safety.
9. Do not use home monitors to reduce the risk of Sudden Infant Death Syndrome (SIDS). If you have questions about using monitors for other conditions talk to your health care provider.
10. When your baby is awake and someone is watching her, put baby on her tummy. This will help her develop strong neck and shoulder muscles. It will also reduce the chance that flat spots will develop on your baby's head. Change the direction that your baby lies in the crib every week. Avoid too much time in car seats, carriers, and bouncers. Remember, when baby sleeps ALWAYS put baby on her back.



## Sudden Infant Death Syndrome

SIDS is Sudden Infant Death Syndrome. SIDS is the same as Crib Death. It means that a baby dies quietly without warning and the reason is not known. SIDS can happen to any family.

To reduce the possibility of SIDS:

- Put your baby to sleep on her back.
- Do not let anyone smoke in your house or around your baby.
- Dress your baby with one layer more of clothing than you are wearing, but do not let your baby get too hot.
- Use a firm mattress for your baby to sleep on.
- Make sure there are no gaps around the mattress.
- Sheets should fit the mattress snugly.
- Do not let your baby sleep on soft things (sheepskin, bean bags, futons, foam pads, or waterbeds).
- Take away pillows, stuffed toys and bumper pads from where your baby sleeps.
- Do not use fluffy blankets or comforters under your baby.
- Breastfeed your baby. Breast milk may provide some protection against SIDS.

# Chapter 6: How to Get Health Care and Birth Certificates

## Free or Low Cost Health Care for Your Child

There is a special program to help you pay for your child's health care if you have a low income. Regular well-baby examinations and immunizations are covered through the Child Health and Disability Prevention (CHDP) program from birth to 18 years old. These health services for children are available at the Children's Health Center of San Francisco General Hospital and many of the clinics of the San Francisco Department of Public Health.

If you are eligible for Medi-Cal, the CHDP program will also pay for medical appointments for your child when she is sick. If you are not eligible for Medi-Cal, you can apply for the Healthy Families Program, 1-888-747-1222. San Francisco has a special insurance program, Healthy Kids, for children and youth who have no insurance and are not eligible for Medi-Cal or Healthy Families. Call (415) 777-9992 for information.

For information on low cost and free health care for women and children, call 1-800-300-9950, weekdays from 8 a.m. to 5 p.m. They can give you referrals for children's medical and dental care, birth control, pregnancy testing, prenatal care, pap smears, and breast exams. Staff speaks English, Spanish, Cantonese, and Mandarin.

## Birth Certificates

You may apply for a birth certificate through the mail or go to the San Francisco Department of Public Health in person. If you would like to get your child's birth certificate on the same day you apply, you must apply in person before 12:30 p.m.

Write to or apply in person at:

San Francisco Department of Public Health  
Birth Records  
101 Grove Street, Room 105  
San Francisco, CA 94102

The Birth Records Office is open Monday - Friday, 8:00 a.m. - 4:00 p.m. For information, call 311 in San Francisco or (415) 701-2311 outside of San Francisco. You can get more information at the website <http://www.sfdph.org/dph/default.asp>

Please be prepared to give:

- Baby's name at birth
- Baby's birthday
- Mother's name before marriage
- Father's name
- Baby's address
- Hospital where your baby was born

You will have to pay for a Birth Certificate. Call to see how much. You may pay by check, credit card, or money order payable to the San Francisco Department of Public Health.

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