



Congratulations!

From all of us at Kaiser Permanente San Leandro Medical Center, we thank you for letting us care for you and your precious newborn. We look forward to getting to know your new baby and working with your family to help you thrive.

We hope that this guide can help you get ready for your journey home with your new baby.

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Resources

Support for mom, baby, and family

Kaiser Permanente Resources

By Phone

24-hour Appointment and Advice Line:

1-866-454-8855

711 TTY

Member Service Contact Center
(open 24 hours a day, 7 days a week,
closed holidays):

1-800-464-4000 English

1-800-788-0616 Spanish

1-800-757-7585 Chinese dialects

711 TTY

Online

My Doctor Online

Visit kp.org/mydoctor for doctor-recommended articles, videos, podcasts, and other health tools for your health and the health of your newborn. You'll find information, tips, and help on breastfeeding, immunizations, and more. Use the global search bar in the upper right corner of the page to search for topics and resources, like those listed below.

- **Healthy Babies online newsletter**
Be sure to sign up for this online newsletter. It's customized to your baby's age and covers lots of topics to help you through your baby's first year.
- **Breastfeeding articles**
Learn about everything from getting started to common challenges, to pumping and returning to work. All of these articles are featured on your gynecologist's, pediatrician's, and family clinician's home page.
- **Immunization videos**
Learn how you can help protect your child from disease by keeping them up-to-date on all of their vaccinations. Watch *Separating Fear from Facts* and *Vaccines and Your Baby*.

My Health Manager

Manage your baby's care online with My Health Manager on kp.org. Just add your baby to your family's list. You can save time and make it easier to stay on top of your family's health.

With My Health Manager, you can do all this for care you get at Kaiser Permanente facilities:

- Email your baby's pediatrician with nonurgent questions or concerns.
- Stay up-to-date on your baby's screenings and immunizations.
- Order most prescription refills and have them sent to you by mail at no extra charge for shipping.
- Make and change routine appointments.
- View most lab results.

To use these secure features, register at kp.org/register, then sign on with your user ID and password.

Preventive Care app

Get appointment reminders and preventive services alerts for you and your family, access your doctor's or pediatrician's home page, and more. We will even send you personal reminders when your child is due for immunizations and well-baby checks. You can download the KP Preventive Care app at no cost from your preferred app site.

Twitter

Follow our doctors on Twitter for helpful tips and inspiration.

@KPpregnancydoc
@KPbabydoctor
@KPkiddoc

Local Resources

Kaiser Permanente Breastfeeding Center

510-454-4050

Kaiser Permanente Newborn Care Services

510-454-4050

Postpartum Depression

Postpartum Depression Stress Line:

510-675-3080 or **510-248-3060**

Kaiser Permanente Adult Psychiatric Department:

510-675-3080 or **510-248-3060**

Kaiser Permanente Social Services:

510-454-4050

Perinatal Social Worker

510-454-4050

National Women's Health Information Center:

1-800-994-9662 or **womenshealth.gov**

Mom and Baby Education

We offer Health Education classes on newborn care and postpartum care, as well as Baby and Me groups and Breastfeeding Support Groups. Some classes may require a fee. Just call **510-454-4531**.

Car Seat Safety

Seat Installation

To make sure that your baby's car seat is put in the right way or to have someone install it for you, go to **seatcheck.org** (phone number: **1-866-732-8243**) or call the Vehicle Safety Hotline at **1-888-327-4236**.

General Information

To learn more about the importance of installing your car seat the right way, go to My Doctor Online at **kp.org/mydoctor**.

Community Support

La Leche League:

510-521-4867 or **510-431-2307**

Women, Infants, and Children (WIC):

1-888-942-9675

Sudden Infant Death Syndrome (SIDS)

California Department of Health Services

SIDS program:

1-800-369-SIDS (1-800-369-7437)





Your baby's health coverage

Protecting your newborn

If you're a Kaiser Permanente member, your health plan's maternity benefits cover your baby for 31 days from birth (including the date of birth). If you do not enroll your baby in the health plan within 31 days of birth, your baby may lose his or her health coverage.

To make sure your baby has health coverage, take these 3 simple steps:

1. Maintain your health plan membership. Your health plan benefits include prenatal and postpartum care for you and your baby. You may be charged nonmember fees for any care you or your baby gets after your membership lapses.
2. During your hospital stay, fill out a form to enroll your baby in your Kaiser Permanente health plan.
3. Within 31 days of your baby's birth, fill out any needed forms for your employer, group, or trust fund. If your health coverage is through your employer or your partner's employer, you will need to get in touch with them to have your baby added to the plan. If you're enrolled in a group plan, your employer or trust fund will typically need a written change of enrollment. Your group's forms are often in addition to the forms you fill out during your hospital stay. Be sure to ask your employer or group administrator which forms you will need and the date by which you must turn them in.

Note: If you're a Direct Pay member, you must also turn in a written Change of Account Status card to Direct Pay Accounts within 31 days of your baby's birth. The coverage will begin the first of the month after the date of birth. Enrollments received after the 31-day enrollment period will be reviewed on a case-by-case basis.

Member ID Card

We will mail your baby's member ID card to you after he or she is enrolled. Until then, your child can get care using the medical record number he or she was given at birth.

If you do not get the card within 30 days of enrollment, or if you have any questions, please call our Member Service Contact Center (see Resources section on page 2 for phone numbers and hours).



At the hospital

Knowing what to expect

Here are some things to expect after your baby's delivery.

Baby Lab Tests

Soon after your baby is born, we do routine screening tests to help your newborn stay healthy. We typically screen your baby for genetic conditions, congenital heart disease, and jaundice. Newborn screening tests and treatments may prevent serious illness from developing, and may even save your baby's life.

Birth Certificate

The name you put on your baby's birth certificate will become your child's official name. When you complete his or her birth certificate, you will automatically be submitting an application for your baby to get a Social Security number too.

Circumcision

This is an optional procedure for baby boys, done by a pediatrician. If you choose to have your son circumcised, a pediatrician will remove the foreskin of your baby's penis. Your baby will have a physical exam before the procedure. You will also be asked to fill out a consent form.

Follow-Up Appointments

Before you go home, we will schedule a follow-up appointment for your baby. This appointment will most often be within 24 to 48 hours after you leave the hospital to make sure your baby is gaining weight.

Hearing Screening

This simple test takes just a few minutes and can be done while your baby is sleeping.

Immunizations

Newborns are vulnerable to infections. Immunizations protect your baby against serious, preventable diseases. Babies need their first dose of hepatitis B protection before they leave the hospital.

Mom Bathing

At the hospital, you may shower or wash your hair at any time after talking with your nurse.

Mother Discharge Exam

A physical exam will be done to make sure that you are ready to go home. A small sample of your blood may be taken as part of your health checkup.

Newborn Discharge Exam

Your baby will have a physical exam to make sure that he or she is healthy enough to go home.

Pain Relief

Most women have some amount of post-delivery pain. If you had pain medication during labor, it will wear off within a few hours. It is best to control pain by staying ahead of it, so let your nurse know as soon as you are uncomfortable.

Remember that pain intensity varies from woman to woman. It's important to be aware of your pain level so that you can communicate it to your nurse who will help you manage it.

Women who have had vaginal births may get some relief from ice packs or a "sitz bath" (a warm-water bath taken in the sitting position where only the hips and buttocks are covered). If this is not enough, you may consider over-the-counter pain medications such as ibuprofen or acetaminophen. If you need more relief, ask your doctor about a prescription pain reliever.

For women who have had a cesarean delivery, your care team will work with you to help you manage your pain in the hospital and once you return home.

Transportation Home

Your baby must always ride in a rear-facing car seat, starting with your baby's first ride home from the hospital. Make sure your infant car seat is installed correctly. Hospital staff and volunteers are not certified to install car seats, so they cannot help you with this important task.

Partner Checklist

Along with being by your side and taking lots of photos, here's a handy list of things your partner or support person can help with before heading home:

- Properly install car seat in the car being used to take your baby home.
- Fill out birth certificate.
- Add baby to your Kaiser Permanente health care plan at Admitting.
- Pick up prescriptions.
- Check that both mom and baby have been cleared to go home by their doctor.
- Check that baby's screening tests are finished.
- Pack everything except clothes for mom and baby in the car.
- Let your nurse know you're ready to head home.





Skin-to-Skin

Skin-to-skin means your baby is naked on your naked chest without bedding or clothing in between. Infants who are held skin-to-skin are more aware, more active, and cry less. Skin-to-skin also promotes bonding, and helps to calm and comfort your baby.

And skin-to-skin is not just for birth moms. Partners can snuggle too! Continue to practice skin-to-skin at home while nursing or just relaxing.



Breastfeeding

Getting off to a good start

The best way for your baby to get the nutrients and antibodies he or she needs to stay healthy is breastfeeding. It also has many major benefits for mom, such as reducing the chance of certain types of cancers and chronic illnesses. The American Academy of Pediatrics and Kaiser Permanente recommend giving your baby nothing but breast milk for the first 6 months and continuing to breastfeed through the first year of life.

Breastfeeding is a learned skill that takes time, patience, practice, and – perhaps most importantly – support. We offer lots of support to help you successfully breastfeed your baby. Your nurses and lactation specialists can help you during your stay and when you go home. If you're not sure about the best way to feed your baby, talk about your choices with your clinician.

Colostrum

Your first milk is called colostrum. It is the perfect first food for your baby. Colostrum passes on immunities that protect your baby from illnesses, helps baby have his or her first bowel movement, and provides your baby with the nourishment that they need.

7 Tips for Getting Started

There are many different ways to breastfeed, and your needs may change throughout your breastfeeding journey.

Here are some quick tips that may help you as you first begin:

1. Try out different breastfeeding positions to find out which ones are most comfortable for you and your baby.
2. Nurse your baby “on cue” whenever they want to be fed. Feed your baby at least 8 to 12 times each day. The more often you nurse, the more established your milk supply will be.
3. Make sure to wake up your baby to eat if it’s been 4 hours since the last time he or she nursed.
4. Make sure baby is latched on correctly. This will help prevent sore nipples and make sure that your baby is getting plenty to eat. If your baby is having trouble latching, a nurse or lactation specialist can help.
5. Watch for signs that your baby is hungry. Babies can show they are hungry by licking their lips, bringing their hands to their mouths, moving their heads side to side, and being extra alert. Don’t wait until your baby is crying to feed him or her. Crying is actually a very late sign of hunger.
6. Let your baby finish one breast before offering the other. Take turns with which breast you offer first at each feeding.
7. You do not need to feed your baby water or formula, unless it is part of a prescribed feeding plan.

Breastfeeding: Day 1

- When your baby is born, his or her stomach is about the size of a marble. This means that he or she will only need about 1 teaspoon of colostrum with each feeding.
- Your baby will be very sleepy, but also want to nurse often. Make sure to watch for feeding cues. Use your breastfeeding log located in the front pocket of this booklet to keep track. And don’t forget to bring your log to your first doctor visit.
- If you feel pain when your baby latches on to your nipple, take your baby off of your breast by carefully inserting a clean finger in the corner of your baby’s mouth and gently breaking the suction. Try again.
- Nursing with active sucking for 5 to 15 minutes is considered a good feeding. Your baby might need to remain at your breast for much longer than that, because he or she will likely fall asleep, off and on, while nursing.
- Your baby may lose up to 10 percent of his or her birth weight during the first few days. This is common for a breastfeeding baby, but your doctor will want to watch for normal weight gain. Your baby should be back to his or her birth weight at 2 weeks.
- Your baby should have at least 1 wet diaper and at least 1 bowel movement within the first 24 hours of life.

Breastfeeding

There are many different ways to breastfeed, and what works at one point might need to be changed later on. No matter what, though, you want to be comfortable. Make sure to use lots of pillows for support and sit or lie in a cozy place.

Cradle hold

- Hold your baby with the arm that is on the same side as the breast from which your baby is going to nurse. For instance, if you're going to nurse your baby with the right breast, hold your baby with your right arm so that the baby's head rests in the bend of your arm.



Cross-cradle hold

- Hold your baby with the arm on the other side from which you're breastfeeding.
- Support your baby's head at the base of the neck with your hand.
- Don't push the back of your baby's head while breastfeeding; it can cause your baby to pull away from your breast.



Clutch or football hold

- Put your baby's face next to the breast from which he or she will nurse.
- Use pillows to support your arm. Hold your baby close to your side, and with your baby's feet toward your back. Support your baby's shoulders and head with your hand.
- This position is often easier for a mother who has had a cesarean birth or who has large breasts.



Lying-down position

- Use an arm to bring your baby close to you and hold your breast with the hand of the other arm.
- Put your thumb above the areola (the dark part around your nipple) and your fingers under the breast.
- After your baby latches on, you may no longer need to hold your breast.





Proper Latching

Make sure that your baby latches onto the breast the right way each time he or she nurses. Here are some tips to help your baby get a proper latch:

- Cradle your baby in one arm, with his or her head facing straight at your breast and their nose opposite your nipple.
- With your other hand, put your thumb slightly above your areola (the dark part around your nipple) and your fingers under your breast.
- Tickle your baby's lower lip with your nipple and let your baby's head tilt back. Wait for your baby to open their mouth wide like a yawn, and then bring your baby to your breast. Do not bring your breast to your baby.
- Make sure your hand or fingers are not in the way of your baby's latch.
- Your baby's chin should be touching your breast, and they should not have to turn their head while nursing.
- You should see little or no areola, and if you do, it should be more visible above your baby's mouth than below.

Nursing in Bed

It's safe to bring your baby into bed to nurse or comfort, but return your baby to his or her own crib or bassinet when you're ready to go back to sleep. Sharing your bed with your baby, or "co-sleeping," is not recommended for safety reasons.

Vitamin D Supplements

Your baby should be given a vitamin D supplement once a day, starting in the first 2 months of life. This will help prevent rickets, a bone-softening disease. Vitamin D supplements are available over the counter in multivitamin drops. Breastfeeding mothers should keep on taking a daily prenatal vitamin to make sure they are getting enough vitamin D as well.

Returning to Work or School

For many women, returning to work or school means that to keep breastfeeding their baby, they need to begin pumping at home and storing their breast milk. Just like learning to breastfeed, this transition takes time, practice, and patience.

We offer lots of tips on how to successfully pump away from home, including guidelines for storing your milk, when to start pumping, and tips for getting started. Visit My Doctor Online, and talk to your clinician to learn more.

Breast Pumps

The type of breast pump you use should depend on how many times each day you'll need to pump. For women who will be working or going to school full time and will need to pump multiple times each day, a retail electric breast pump is usually the best choice. This will let you express milk with the help of electrically powered suction. Keep in mind that formula costs between \$1,000 and \$2,000 in 1 year – so a good breast pump can save you more money than it costs.

For women who are not away from home often and will only need to pump once or twice a day, a manual pump may suffice. Manual pumps are squeezed by hand, creating suction that lets you express milk.

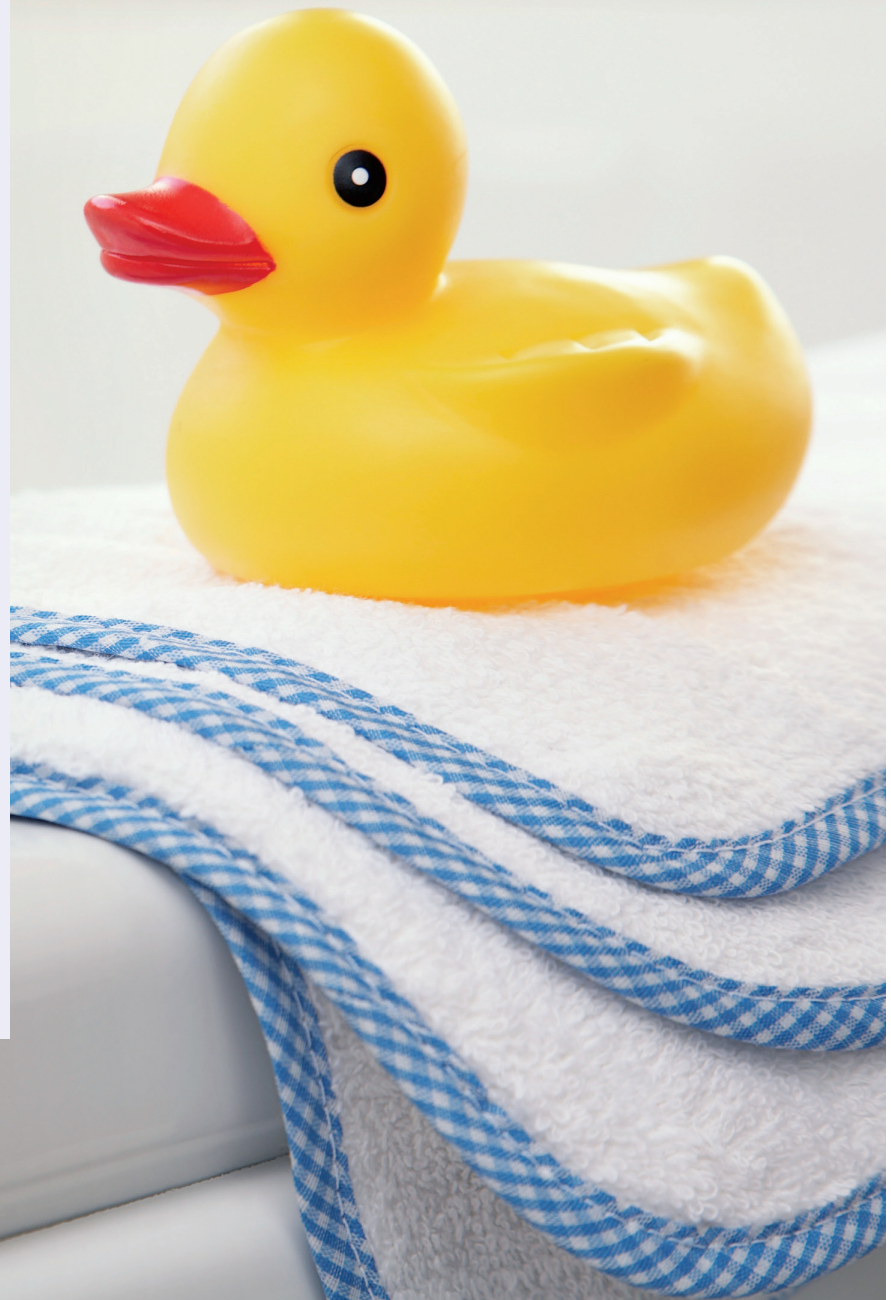
Is My Baby Getting Enough Milk?

Many new mothers worry about whether their babies are getting enough milk. Your baby is getting plenty to eat if, by the third day of life, your baby:

- Has 3 or more wet diapers every 24 hours
- Has 3 or more stools every 24 hours
- Has stools that have changed from dark green to yellow
- Latches on to your breast well
- Has brief active periods
- Makes swallowing sounds after every 1 to 3 sucking movements

You can also find this information in the breastfeeding log included with this booklet.

Breastfed babies should be seen by a doctor, nurse, or lactation specialist when they are between 2 to 4 days old to check for signs of successful breastfeeding.



Breastfeeding Log

We've included a log for you along with this brochure. Keep this record near you during the first 2 weeks of breastfeeding. Circle the time you begin each feeding. Check off a box for each wet diaper and a circle for each bowel movement. Each day has a goal (see the sample provided). If your baby is not reaching the daily goals, a nurse or lactation specialist can help. Please bring your log with you to your 48-hour follow-up appointment.



Once you're home

Taking care of your baby

Bringing home a new baby can be an exciting, yet overwhelming time. Just knowing the basics will help you build trust in yourself as you care for your baby.

Bathing

You can give your baby sponge baths until his or her umbilical cord falls off. After that, you can begin bathing your baby normally.

While you don't have to bathe your baby every day, bath time is a good time to examine your baby's skin for rashes. Check the water temperature on the inside of your wrist. Water should be lukewarm but not hot. Always keep one hand on your baby while you bathe him or her.

Clean creases around the neck, under arms, legs, and genitals with mild soap and warm water. Never leave your baby alone in the bath even for a moment, no matter how shallow the water.

Bowel Movements

Babies vary in how often they have bowel movements. Breastfed babies tend to have loose, yellow bowel movements, while formula-fed babies have more formed stools. If your baby has pellet-like stools, he or she may be constipated. If this lasts for more than 2 days, and your baby seems uneasy, please call your doctor.

Burping

Babies often swallow air during feedings, which can cause them to become fussy. Burping your baby after feedings can help remove some of that swallowed air. Try holding your baby upright with their head resting on your shoulder and gently pat his or her back with your other hand.

Changing Diapers

You can expect to change about 7 to 10 diapers a day (see log). When changing diapers, never leave your baby alone on the changing table and make sure you have what you need within reach. To avoid diaper rash, be sure to clean your baby's bottom during each diaper change.

Use a warm, wet cloth or baby wipes to wash off urine and stool, using a front-to-back motion. Let the skin air-dry. Avoid using baby powder or talc powder because your baby can suck it in by accident.

If your baby develops a rash, use an ointment such as A+D Ointment or Desitin.* Call your baby's pediatrician if the diaper rash has not gotten better in 2 days.

Circumcised Penis Care

For the Plastibell method:

With this method, a plastic ring is tied around the end of your baby's penis. The foreskin is then removed. The plastic ring is left on the end of the penis to prevent bleeding. To clean your baby's penis, gently wash it with water 3 times a day or with diaper changes after the first day. Petroleum jelly can be put on the Plastibell ring after cleaning. The ring should fall off 4 to 10 days after the circumcision. Don't pull the Plastibell ring off because this can cause bleeding.

For the Gomco or Mogen methods:

Put on lots of petroleum jelly, such as Vaseline,* with each diaper change for 2 to 4 weeks. If a gauze dressing has been used, let it fall off on its own.

*Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.

Crying

Crying is your infant's way of talking to you. When you answer your baby's crying, you're teaching your baby to trust you. It's normal for a baby to cry up to 2 to 3 hours daily. Some babies cry more and some cry less. A period of fussiness in the late afternoon or evening is normal. Some babies are easier to soothe than others.

Swaddling (wrapping your baby snugly in a soft blanket) and holding your baby close to your body while rocking will often help. "White noise" such as that made by an air purifier or a special recording is sometimes helpful. Babies cry less over time, especially if they are held often and are responded to quickly. It is not possible to "spoil" a newborn, so hold your baby as often as you like or the baby needs.

Hand Washing

Make sure that anyone who touches or holds your baby washes his or her hands before doing so, using soap and water. Your baby's immune system is still building, so reducing baby's exposure to germs is important.

Hygiene Products

There are many baby products on the market, but babies do not need oils, powders, or lotions. Use a mild hypoallergenic soap (such as Dove or Cetaphil*) and water when bathing your newborn. Do not let your baby sit in soap or in bubbles.

Laundry

Wash all baby garments before use. You can use any mild laundry soap, but avoid fabric softeners and bleach because many babies are sensitive to them.

Nail Care

If your baby's nails are getting long, you can use a soft emery board, baby nail clippers, or round-end nail scissors. It's best to cut nails while your baby is asleep.

Sneezing

Sneezing is a normal way for your baby to clear the airway of mucus. If your baby's nose and throat have so much mucus it's making breathing noisy, you may use a bulb syringe to gently suction out the baby's nose.

Umbilical Cord Care

You do not need to wash your baby's umbilical cord. The drier it stays, the more quickly it will fall off. Keep your baby's diaper folded below the cord and keep the cord clean and dry. As the cord begins to fall off, it may bleed a little around the area where it is detaching. A very little bit of dried blood is normal, but if there's more than a few drops, or if the bleeding continues, call your doctor right away. Use a damp washcloth to give your baby sponge baths until the cord falls off. The cord will drop off on its own, most often between 1 and 2 weeks. If there is a foul smell or oozing discharge, tell your baby's pediatrician right away.

Urine

In most infants, urine is usually light to dark yellow. Sometimes, in the first week of life, you may notice a pink stain in the diaper that can look like blood. This is typically due to more concentrated urine and is no cause for worry. If pink urine goes on for more than a couple of days, talk to your baby's doctor. By 5 days from birth, newborns should be urinating at least 4 to 5 times a day.

*Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.

Is my baby sick?

Newborn babies can get sick easily because their immune systems are weaker. Call your pediatrician if your newborn has any of these symptoms:

- Behavior: sudden mood changes, unusual irritability, sleeping all of the time, general restlessness
- Eyes: redness or green discharge
- Mouth: bluish color around the lips and mouth, white patches on roof and sides of the mouth and/or on tongue (thrush)
- Umbilical cord: swelling, a foul smell, pus drainage, redness of surrounding skin
- Bowel movements: blood or mucus present
- Feedings: loss of hunger, sweating with feedings
- Breathing: trouble inhaling or exhaling, fast breathing
- Fever: rectal temperature above 100.4°F (38°C); underarm temperature above 99.4°F (37.4°C)
- Low temperature: rectal temperature less than 97.5°F (36.4°C); underarm temperature less than 97.0°F (36.1°C)
- Vomiting: frequent or in large amounts
- Skin: redness or swelling, foul smell, blisters, pale or grayish skin, skin that appears to be very yellow or has a pumpkin-orange tinge

Jaundice (Yellow Coloring of Baby's Skin)

Newborn jaundice is the yellow color in the baby's skin, a condition that often appears within a few days of birth and goes away within a few weeks. This is normal and is most often not a cause for worry. But babies that appear very yellow may need a blood test and possibly treatment.

Call the pediatric advice nurse if:

- You're worried about your baby's skin color.
- Your baby's skin or eyes appear to be getting more yellow.

How is jaundice treated?

- Your baby's pediatrician will decide if treatment is needed.
- If no treatment is needed, jaundice will usually lessen after a week and go away within 2 weeks.

Whooping Cough

Whooping cough (also called pertussis) is a contagious disease that can spread easily from person to person through coughing. It's very serious for babies. If you didn't get a Tdap booster shot during pregnancy, protect your baby by getting the booster shot soon after your baby is born. Your partner and other family members should get the vaccine as well. If you have a preteen child, they should get a booster shot at their 10- to 12-year-old well-child visit. Also make sure other caregivers have had their Tdap booster too.

Normal Newborn Behavior

In the first few weeks after birth, babies work hard to adjust to life outside of the womb. They often have their days and nights reversed, and they haven't yet established a normal sleep pattern. Newborns will act in ways that may worry new parents, such as crossing their eyes, spitting up, breathing irregularly, sounding congested, sneezing, and hiccupping. These are all normal behaviors. If you're worried, calling the pediatric nurse will help you decide if you need to make a pediatric appointment.

Taking Your Baby's Temperature

If you're worried about your baby being too hot or too cold, or if your baby seems sick, check his or her temperature using a rectal thermometer. While other types of thermometers can be used, such as thermometers that take your baby's temperature in his or her ear, these thermometers are not as accurate as a rectal thermometer. Rectal temperatures are more accurate than underarm temperatures for your baby's first 3 months of life.

To take a rectal temperature:

- Use a digital, not glass, thermometer.†
- Put a little bit of petroleum jelly (like Vaseline) on the sensor end of the thermometer.
- Put your baby across your lap, on his or her stomach with the buttocks up.
- Spread your baby's buttocks and gently push the thermometer ½ inch to 1 inch into the rectal opening.
- Hold the thermometer with one hand and use your other hand to hold your baby.
- Wait 2 minutes or until the thermometer beeps.
- Remove the thermometer. A normal rectal temperature range is 97.5° to 100.4°F (36.4° to 38°C).

To take underarm temperature:

- Put the thermometer under your baby's arm for 4 to 5 minutes or until the thermometer beeps. A normal underarm temperature range is 97.0° to 99.4°F (36.1° to 37.4°C).

†Glass thermometers contain mercury. Mercury is an unsafe material, and breakage of a glass thermometer could result in mercury exposure. The American Academy of Pediatrics recommends the use of digital thermometers in homes with children. If you purchase a digital thermometer, it should be used according to the manufacturer's guidelines.



Sudden Infant Death Syndrome (SIDS)

SIDS or “crib death” is the sudden and unexplained death of an infant under 1 year old. About 1 out of 5,000 babies in the United States dies of SIDS every year. Death from SIDS most often happens between 2 to 4 months old. The death is sudden and most often happens while the baby is asleep. While the cause of SIDS is unknown, there are ways to lower your baby's chance of dying of SIDS.

What can I do to prevent SIDS?

One of the most important things you can do to help lower the chance of SIDS is to put your baby on his or her back to sleep. If your baby has a birth defect, often spits up after eating, or has a heart or lung problem, talk to your doctor about the best sleeping position for your baby. There are no studies that show a greater chance for choking when sleeping on the back. It's important for your baby to spend time on his or her stomach during the day while awake to make arm and leg muscles stronger.

Other things you can do to help reduce the chance of SIDS:

- Put your baby on a firm mattress or bedding to sleep. Do not put your baby on a waterbed, sheepskin, pillow, or other soft surface to sleep.
- Keep soft materials, such as pillows or stuffed toys, out of your baby's bed.
- Use a fan in your baby's room.
- Make sure that your baby's face and head stay uncovered during sleep. Use the “feet to foot” guide: Baby's feet should be close enough to touch the foot of the bed. The blanket (tucked in around the crib mattress) should only reach baby's chest.
- Put your baby in a warm sleeper or baby garment to sleep, and use no other covering.
- Once your baby is 2 to 4 weeks old and breastfeeding is well-established, think about giving your baby a pacifier when you put him or her to sleep. After your baby falls asleep, don't put the pacifier back into his or her mouth. Don't force your baby to take a pacifier if he or she doesn't want it.
- Don't smoke around your baby and don't let others smoke around your baby.
- Breastfeed your baby.
- Dress your baby in 1 more layer of clothing than you're wearing, but don't let your baby get too hot.

For more help, see the “SIDS” section in Local Resources on page 4.

Safety

There are many things you can do to protect your baby from sickness and injury at home. If you have someone take care of your child, make sure they know these recommendations too.

Burns

Lower water heater temperature to warm or low (below 120°F). Do not warm milk or bottles in a microwave as this can cause uneven heating, leaving "hot spots" that can badly burn your baby's mouth.

Car Seats

Using a car seat for your baby is the law. Car seats can save your baby from injury or death. Make sure your car seat is put in right. For more help with car seats, see the "Car Seats" section in Local Resources on page 4.

Cigarette Smoke

Keep your baby away from all cigarette smoke. It's best not to let any smoking go on in the house or car.

Cribs

- To keep your baby's head from getting stuck in the crib, slats should be no more than $2\frac{3}{8}$ inches apart.

- Remove corner post extensions and decorative nobs.
- Tighten all nuts, bolts, and screws from time to time.
- Don't string toys across the crib since they can choke your baby.
- Be sure the paint is lead free.
- The baby's mattress should be firm and fit tightly against the edge of the crib.
- Don't put pillows, comforters, sheepskins, quilts, or bumper pads in the crib.
- Older cribs may not meet the latest safety standards.

Falling

Even if you think your baby is not mobile, don't leave him or her alone on any surface from which he or she might fall. If you use your car seat as a baby carrier, always have your baby buckled in. Do not leave your baby alone in a carrier on a high surface.

Honey

Honey can make babies sick and should not be given to your baby before 1 year of age.

Your Baby's First Pediatric Visit

At this visit, your baby will be weighed and checked for newborn jaundice and success with breastfeeding. This visit will take place in the Pediatric Department. Make sure to bring your breastfeeding log. In 2 to 4 weeks, your baby will have his or her second pediatric visit with the pediatrician of your choice.

Pacifiers

Once your baby is 2 to 4 weeks old and breastfeeding is going well, you can give your baby a pacifier at naptime and at bedtime. Never use a homemade pacifier or a nipple in a plastic bottle ring. Your baby can suck the nipple through and choke. Don't tie pacifiers to a string. Pacifiers should not be dipped or coated in anything sweet. Check and clean pacifiers often.

Parked Cars

Never leave children alone in a car. If you have older children, make sure vehicles parked at home are locked to prevent children from getting trapped inside by accident. Always check the backseat before you leave your car. Sleep-deprived parents can sometimes forget they have their baby with them.

Pets

Never leave your baby or small children alone with any pet. If you have a dog, you might find it helpful to bring your baby's blanket home for your dog to smell before bringing baby home. This might help your dog become more familiar with your baby's scent. Talk to your veterinarian or pediatrician if you have any concerns.

Security

Never leave your baby alone for any reason.

Safe Sleeping

When you lay your baby down to sleep, always put your baby on his or her back. This is an important measure for preventing sudden infant death syndrome (SIDS). Babies can sleep near their mothers in a crib or bassinet but not in the same bed. It's safe to bring your baby into bed to nurse or comfort, but return your baby to his or her own crib or bassinet when you're ready to go back to sleep. Sometimes moms will nurse or comfort their baby on a sofa or lounger during the night and accidentally fall asleep. Babies should not sleep with their mothers on a sofa or lounger either, as this is also a risk factor for SIDS.

Shaking and Spanking

Never shake or spank your baby. Shaking or spanking a baby can cause serious brain injury or death. If you're feeling stressed or overwhelmed at home, it's OK to put your baby down in a safe place and walk away for a few moments. Call the no-cost and confidential hotline at 1-800-4-A-CHILD (1-800-422-4453) to speak with a counselor who can help guide you through a stressful and challenging time.

Smoke Detectors

Put smoke detectors and carbon monoxide detectors in all sleeping rooms of the house. Test alarms monthly.

TV

It's not a good idea for children under age 2 to watch TV or videos, as it may affect brain growth. Talking to your baby, even if it's just "baby talk" will encourage your baby to communicate with you.



Taking care of mom

Staying healthy after giving birth

It can take 4 to 6 weeks from the time you have a baby until you feel recovered. If you've had a C-section delivery, it might take longer for you to feel better. For the first few weeks after you return home, try to rest each day and, little by little, be more active. Try to nap when your baby naps, and limit the hours during which you have visitors.

Here are some changes you might notice going on with your body:

Breast changes: Your breasts may become engorged (swollen) with milk around the third or fourth day after delivery. Here are some tips for relieving discomfort:

- Nurse often and regularly.
- Hand-express or pump just enough milk until your breasts feel more comfortable.
- Put on moist heat or take a warm shower before breastfeeding.
- Wear a bra with good support.
- If needed, take acetaminophen (Tylenol*) to help ease the pain.

Constipation: Constipation is normal after having a baby. Make sure to drink lots of fluids, eat high-fiber foods (such as fruits, veggies, and whole grains), and set up a time for bowel movements. You should not use laxatives without first talking to your doctor. But you can try Metamucil,* bran tablets, or Fiberall.* The over-the-counter stool softener Colace* can also be used.

Cramps: You may feel cramps for a few days after giving birth. These cramps are caused by contractions of the uterus as it shrinks back to its prepregnancy size. Ibuprofen (Motrin*) might help ease the pain and is generally safe to take while breastfeeding.

*Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.

Hemorrhoids: The act of pushing during labor can cause dilated, twisted blood vessels in and around the rectum. While your hemorrhoids will most likely get better without treatment, they can cause pain, itching, and bleeding during bowel movements. Here are some tips that might help:

- Keep your stools soft by eating lots of fiber.
- Avoid sitting for long periods of time.
- Cleanse the area with warm water or witch hazel pads such as Tucks.* Do not use dry toilet paper.
- Try applying ice packs to ease discomfort.
- Sit in a warm-water sitz bath for 20 minutes, several times a day.
- Use a 1 percent hydrocortisone cream such as Preparation H* or Anusol* to help ease pain.

Perineal discomfort: After delivery, many women feel soreness in their perineum, the area between the vaginal opening and the rectum. To care for the perineal area, try this:

- Put cold compresses, witch hazel pads, or Tucks on the perineum.
- Using the peri-bottle that you received in the hospital, rinse the perineal area with warm water each time you go to the bathroom. Pat the area dry from front to back.
- Take a sitz bath for 20 minutes, several times a day.

Vaginal discharge (lochia): The vaginal discharge that happens after delivery is most often bright red for the first few days. It will little by little become lighter and pinkish, and eventually turn brown. This may last for a few weeks. Sanitary pads or panty liners can be used to absorb the flow. Do not use tampons. If you have heavy vaginal bleeding and soak 1 sanitary pad in less than 1 hour, call your doctor right away.

Other Health Issues

C-section care

If you have had a cesarean section, your doctor will give you important information on how to care for yourself throughout your healing.

Postpartum depression

Many women go through “the baby blues” during the first 1 to 2 weeks after delivery. With so many changing hormones, you may cry, feel sad, or become grouchy for no clear reason. While these feelings most often go away fairly quickly, they can sometimes last longer and become stronger. If your feelings of depression worsen or last, call your doctor. Postpartum depression is treatable and support is available.

To temporarily help with feelings of anger or depression, try these tips:

- Rest as much as you can. Turn off your phone and put a sign on the door when you’re napping. Try to sleep when your baby sleeps, including during the day.
- Go outside. Take your baby for a walk.
- Talk with friends, family members, or your partner.
- Go to a support group for new parents.

When to Call Your Doctor

Once you’ve returned home, call your doctor or seek medical care right away if you have any of these symptoms:

- Vaginal bleeding that seems to be getting heavier or is still bright red 4 days after delivery
- Vaginal discharge with a foul odor or heavy bleeding that soaks through 1 sanitary pad in less than 1 hour (Go immediately to the emergency department if this happens. Do not drive yourself.)
- Passing blood clots larger than the size of a golf ball
- Fever (temperature of 100.4° or greater)
- Shaking chills with fever over 100.4°
- Excessive pain, tenderness, or swelling in the vaginal or episiotomy area (between the rectum and vagina)
- Pain in your belly, especially the upper part below your ribs
- Very bad headaches, spots before your eyes, dizziness, or fainting
- Blurry or double vision
- Hard, red, or tender areas on your breasts
- Swelling
- Weight gain of more than 3 pounds in 3 days
- Trouble catching your breath
- Urgent or frequent need to urinate, along with a burning feeling
- Feelings of severe despair, great anxiety, or inability to cope
- Any new or unusual symptoms

If you reasonably believe you have an emergency medical condition, call **911** or go to the nearest Emergency Department. An emergency medical condition is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage*.

Avoiding Exhaustion

After the birth of your baby, your emotions might range from joy to sadness to every feeling in between. This roller coaster of emotions could be due to hormonal shifts; fatigue from labor, birth, and the hospital stay; possible anxiety about being a mother; or many other reasons.

Life is going to be different:

- You'll get less sleep and eat at odd hours.
- You may be at home more than you used to be.
- You'll have less energy.
- You'll have much less time for yourself, your partner, friends, home, and hobbies.
- Most of your life will center on the baby. You'll primarily be concerned with how much your baby is sleeping and feeding, what message your baby is sending you with each cry, how many diapers you're changing every day, and how attached you've become in such a short time.

During these first few weeks you'll need to simplify your life. You have 4 priorities:

- Love and care for your baby.
- Take care of yourself.
- Love your partner.
- Get to know your baby.

Things that you can do to make your first few weeks at home easier:

- Wear a bathrobe or other loose, comfortable clothes.
- Try to limit visitors the first couple of days. Having fewer visitors will give you more time to get to know your baby and to rest.
- Cook and freeze meals ahead of time and have a stock of groceries on hand. Check out the restaurants in your neighborhood that offer takeout. Find out if there are any grocery delivery services in your area.
- Arrange for a friend or family member to help with housework, errands, and other chores. Let people know what you need. Take people up on their offers to help.
- Nap when your baby naps.
- Be patient with yourself, your family, and your new baby – you're all adjusting to a major change.

Remember that the lack of sleep and exhaustion is only for a short time. Eventually your baby will sleep through the night and grow more independent. But for now, he or she needs you for everything.

Lifestyle

If you're breastfeeding, continue avoiding alcohol and other drugs, including prescription and over-the-counter drugs, unless they're ordered by your clinician. If you or someone in your family has a problem with alcohol or other drugs, we can help.

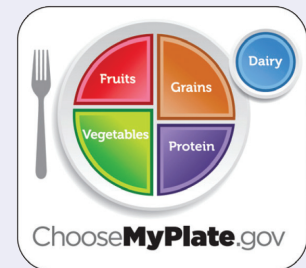
If you quit smoking while you were pregnant, it's important that you stay smoke free so that you can get the full benefit of all the hard work you've put in. Children from households with people who smoke have more ear infections, allergies, asthma, and lung problems. It's best not to allow any smoking in the house or car. Keep your baby away from all cigarette smoke. Your local Health Education Center has information and classes to help you or your partner quit smoking or stay quit. Some classes may require a fee.

Diet

A sensible, well-balanced diet can help you lose the extra pounds gained in pregnancy, keep up your energy level, and recover from childbirth. If you have prenatal vitamins left or multivitamins, you should keep on taking them. Multivitamins with at least 400 micrograms of folic acid are recommended for all reproductive-age women. If you're breastfeeding, it is especially important for you to take prenatal vitamins and calcium supplements daily. Drink 8 to 10 glasses of water a day to keep hydrated and to prevent or ease constipation.

MyPlate

A guide to daily food choices



Balancing calories

- Enjoy your food, but eat less.
- Avoid oversized portions.

Foods to increase

- Make half your plate fruits and vegetables.
- Make at least half your grains whole grains.
- Switch to fat-free or low-fat (1 percent) milk.

Foods to reduce

- Compare sodium in foods like soup, bread, and frozen meals, and choose the foods with lower numbers.
- Drink water instead of sugary drinks.

Source: U.S. Department of Agriculture (choosemyplate.gov)

Common questions

With all of the changes going on in your life and in your body, you may have some questions about when certain things will return to “normal.”

These questions may include:

Q: When will I start menstruating again?

A: Breastfeeding moms will most often get their period again anywhere from 2 to 12 months after delivery. Nonbreastfeeding moms often get their period about 6 to 8 weeks after delivery. It may take a few months for your cycle to become regular again. Even if your period has not started again, you can still get pregnant shortly after delivery. To prevent a pregnancy when you're not ready, you should use birth control every time you have sex.

Q: When can I have sex again?

A: If you had a vaginal delivery and needed stitches, it could take between 4 to 6 weeks for your body to heal. Healing can take longer if the delivery was not easy or was a cesarean section. Either way, we suggest waiting those 4 to 6 weeks, depending on how well you're healing. If you did not have stitches, you can have sex when you feel ready.

Q: What do I do if I need to travel?

A: We advise keeping travel to a minimum until 6 weeks after delivery. If long car rides are needed before then, make sure that you get out of the car often and walk for several minutes to keep up good circulation and to prevent blood clots forming in your legs.

Q: Can I exercise?

A: Wait at least 2 to 4 weeks until starting a regular exercise program. If you've had a C-section, talk to your doctor about when you can safely begin exercising. Kegel exercises can be started soon after birth to help you get back vaginal and pelvic floor muscle tone.

Q: What can I do about bathing?

A: For the first few weeks you can shower or soak in your tub with warm water for soothing (don't use bubble baths). If you've had a cesarean delivery, you may shower unless your clinician says otherwise.

Partner's Corner

After you bring mom and baby home, you'll soon realize that life as you know it has changed forever. A first child may change the special closeness that you once shared with your partner. You may need time and open communication to bring this new baby into your relationship. Schedule periods of time or dates together for special time alone with your partner. If you have another child (or several), the way the entire family relates will change. Try to be sensitive and patient with older children. They may view the new baby as an intruder and someone who is trying to take their place in the home and their parents' hearts.

You might experience feelings of jealousy and of being left out. You can prevent some of these feelings by helping with baby care. You can even start in the hospital by diapering, singing, burping, dressing, rocking, kissing, bathing, and caressing your baby.

Here are some of the ways you can be a part of baby care at home:



- Change your baby's diapers.
- Bring your baby to your partner for night feedings and take him or her back to bed.
- Burp your baby.
- Help out around the house with chores and cooking.

The more time your partner has to rest, the sooner she'll recover and the sooner your life will get back to a healthy balance.





7

Day 7 goals: 8-12 feedings, 6-8 wet diapers, at least 1 bowel movement

Feedings:		1	2	3	4	5	6	7	8	9	10	11	12	Notes/questions	
		1	2	3	4	5	6	7	8	9	10	11	12		
Wet diapers:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						_____
Bowel movements:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											



8

Day 8 goals: 8-12 feedings, 6-8 wet diapers, at least 1 bowel movement

Feedings:		1	2	3	4	5	6	7	8	9	10	11	12	Notes/questions	
		1	2	3	4	5	6	7	8	9	10	11	12		
Wet diapers:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						_____
Bowel movements:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											



9

Day 9 goals: 8-12 feedings, 6-8 wet diapers, at least 1 bowel movement

Feedings:		1	2	3	4	5	6	7	8	9	10	11	12	Notes/questions	
		1	2	3	4	5	6	7	8	9	10	11	12		
Wet diapers:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						_____
Bowel movements:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											



10

Day 10 goals: 8-12 feedings, 6-8 wet diapers, at least 1 bowel movement

Feedings:		1	2	3	4	5	6	7	8	9	10	11	12	Notes/questions	
		1	2	3	4	5	6	7	8	9	10	11	12		
Wet diapers:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						_____
Bowel movements:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											



11

Day 11 goals: 8-12 feedings, 6-8 wet diapers, at least 1 bowel movement

Feedings:		1	2	3	4	5	6	7	8	9	10	11	12	Notes/questions	
		1	2	3	4	5	6	7	8	9	10	11	12		
Wet diapers:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						_____
Bowel movements:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											



12

Day 12 goals: 8-12 feedings, 6-8 wet diapers, at least 1 bowel movement

Feedings:		1	2	3	4	5	6	7	8	9	10	11	12	Notes/questions	
		1	2	3	4	5	6	7	8	9	10	11	12		
Wet diapers:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						_____
Bowel movements:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											



13

Day 13 goals: 8-12 feedings, 6-8 wet diapers, at least 1 bowel movement

Feedings:		1	2	3	4	5	6	7	8	9	10	11	12	Notes/questions	
		1	2	3	4	5	6	7	8	9	10	11	12		
Wet diapers:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						_____
Bowel movements:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											

14

Day 14 goals: 8-12 feedings, 6-8 wet diapers, at least 1 bowel movement

Feedings:		1	2	3	4	5	6	7	8	9	10	11	12	Notes/questions	
		1	2	3	4	5	6	7	8	9	10	11	12		
Wet diapers:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						_____
Bowel movements:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
