

CARING FOR YOUR NEW BABY



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Caring for Your New Baby

Caring for a new baby can be overwhelming at first. With a little time and practice, most parents begin to feel confident in their ability to care for their newborn. You will become familiar with your baby's unique self; noisy grunts, sneezes, hiccups, crying and stuffy breathing. You also will become familiar with baby's sleep, elimination patterns and feeding cues. We hope the following information also will assist in your early parenting endeavors.

Newborn Characteristics

It is normal for babies to sneeze, yawn, hiccup, cough, cry and get fussy. Newborns often sound as if they have a stuffy nose. This is considered normal unless it is significant enough to interfere with your baby's feedings. In this case notify your baby's physician.

Infants also have fussy periods which can be very trying for new parents. You will learn calming techniques that work for your baby. You should feel comfortable asking for assistance or relief during these periods. Babies like rhythm, motion and motor type sounds. Rocking, strolling, baby swings, car rides and bathing work well. Babies can see well up to about 12 inches and will focus on your face when you cuddle them. Newborns also have a good sense of

hearing. It is important to talk and sing to your baby. Babies thrive on close physical contact. You cannot spoil a baby with tender loving care and attention.



Sleep-Wake Cycle

Typically, babies sleep up to 20 hours a day. They can sleep through noise, so there is no reason to tiptoe around. Sleeping routines may change as your newborn gets older.

Six states of infant consciousness

- Quiet or deep sleep: your baby will shut out all input and is in the most unaroused state.
- Active sleep: your infant may startle easily. Baby's eyes will be closed but you may notice their eyelids flutter.
- Drowsiness: your newborn is in an intermediate state that occurs while waking up or falling asleep.
- Quiet alert state: this is the best opportunity for you and your baby to begin building a relationship with each other. Your infant will look directly into your eyes and will respond to your voice and facial expressions. This is the time your baby makes her first attempt to interact with you. This is a perfect time to talk, sing or read to your newborn.
- Active alert state: your baby may move her arms and legs rhythmically to get your attention. This state may appear when your infant is ready to eat or is fussy.
- Crying state: your baby will cry when hungry or uncomfortable. You will learn to distinguish between different types of crying. Your baby may move out of the crying state by picking her up and soothing her.

Reasons to call your baby's physician

If your infant seems "different" than what you would normally expect, she may be ill. Some signs might include:

- A yellowish discoloration (jaundice) of the skin or whites of eyes
- A change in appetite or poor feeding
- Lethargy (sluggishness)
- Increased irritability, excessive crying, or inability to be consoled
- Fever
- Repeated vomiting and/or diarrhea
- Pale skin
- Although rare, watch for signs of infection at umbilical cord. These signs may include swelling, redness, drainage or foul odor.

Taking Baby's Temperature

You should check your baby's temperature if you think she might be sick. Two common ways to take a baby's temperature are "axillary" (armpit) and "rectally" (in the baby's rectum or anus). Check with your baby's physician to determine which method they prefer. When reporting the temperature reading to the doctor, state the number and method. Do not add or subtract degrees, but rather let the doctor calculate it. An example might be "98.6 axillary." Avoid taking baby's temperature after a bath, because it may not be accurate.

To take the temperature under the arm

Place the thermometer under the baby's armpit. Hold the baby's arm over the thermometer until you get a reading. The normal temperature is 97.6 to 99 degrees.



Airway Suctioning

The infant normally is able to clear her own airway by sneezing or snorting. If mucus or milk interferes with the infant's breathing to the extent that the baby is unable to clear the airway, the bulb syringe can be used. The bulb syringe must be used gently and with caution, and only when the infant is unable to clear her airway. Overuse of the bulb syringe can cause irritation.

To use the bulb syringe, first press in on the bulb to deflate it. Place gently in the sides of the mouth or at the base of the nostrils, which ever is necessary. Slowly release pressure on the bulb to create suction. Cleanse the inside of the bulb with warm soapy water after using and rinse well.

If you need to replace your bulb syringe, one may be purchased at Mercy's Outpatient Pharmacy or the Little Miracles Boutique.



Infection Control

The best way to cut down on the spread of viruses and infection is through good hand washing with soap and water. Parents and visitors should wash their hands before handling the baby. You can prevent some illnesses by not taking the baby outside in severe weather, avoiding crowded areas and encouraging visitors with colds or contagious illnesses to visit only after they recover.

Cold sores are caused by the herpes simplex virus and can be dangerous to newborns, possibly causing serious illness or death. Visitors with cold sores should not handle your baby. If you have a cold sore, remember to wash your hands well before touching your baby. Do not touch your cold sore or kiss your baby. You may want to apply a dressing over the sore to further protect the infant.

Skin and Bath Care

A bath is recommended for your newborn every two to three days. It is only necessary to wash the baby's face and bottom daily. You should give the bath in a warm area and never leave your baby unattended during the bath. When giving baby a tub bath add about two inches of warm water to baby's bath. Use your wrist or elbow to check the temperature. Swaddling the infant may make baby easier to handle, and may help calm a fussy baby.

Before beginning the bath, collect the following items:

- wash cloth
- towels
- mild soap and shampoo
- clean diaper
- clean clothes
- basin with warm water
- hair or scalp brush



Wash the baby's body, arms and legs with mild soap and water. Be sure to clean between the fingers and in the creases of the skin at the neck and bends of arms and legs. Pat dry. Wash from front to back between baby's legs.



The shampoo may be done at the beginning or at the end of the bath. Hold the baby in the "football" position over the sink. Use your finger and thumb to cover both ears. Using a warm wash cloth or a cupped hand, wet the scalp. Use a mild shampoo to lather the baby's scalp. A soft brush may be used during the shampoo. Rinse all the soap from the scalp and pat dry.

The baby's scalp should be brushed daily to remove dry skin cells. When brushing the baby's hair, frequently brush it against the way it grows in order to cleanse and stimulate the scalp.

Notes:

Genital Care

Girls

For infant girls, the diaper area should be washed from the front to the back in order to prevent infection. It is normal to see clear or white discharge from the vaginal area. Initially, there may be a slightly blood-tinged vaginal discharge. This is in response to maternal hormones and is normal.

Boys

For baby boys, clean the circumcision by squeezing a wet wash cloth over the penis, allowing water to dribble over the site. Gently wipe the groin and buttocks. There is no special care needed for the uncircumcised penis. Do not pull back on the foreskin. Wash genitals at bath time or when changing a diaper.

Cord Care

Your baby's umbilical cord should fall off within three weeks. Prior to this time, the following should be done to keep the cord dry:

- Fold diaper under the umbilical cord area to avoid soiling or irritating the cord.
- If the cord becomes soiled, use warm water to clean the area and pat dry.

It is normal to see a slight amount of bleeding as the cord is falling off.

Although rare, watch for signs of infection. These may include swelling, redness, drainage or a foul odor. If any signs of infection are noticed, notify your infant's physician.

Nail Care

Hold your infant on your lap facing away from you. Grasp a hand firmly. Trim the nails straight across, not to a sharp point. Use baby cuticle scissors or an infant emery board. Watch for snags and sharp edges. Babies tend to tolerate the procedure best during a feeding or while sleeping.

Diapering

Your baby's diaper should be changed frequently. Urine and stool can irritate baby's sensitive skin. While the cord is still present, fold the front of the diaper down so the cord can be exposed to the air.

If diaper rash develops, wash and rinse the diaper area well. Expose the diaper area to air two to three times a day. A light coating of Desitin or A&D ointment on a clean, dry bottom may also be applied. If the diaper rash does not improve with this treatment within 24-hours, contact your baby's physician.



Clothing

In warm weather there is no need to overdress your infant. Infants usually need many layers of clothing to stay warm, as do adults in the same environment. Overdressing will make your baby hot and fussy. Your newborn will let you know if she is cold by having bluish hands and feet. In this case, warm socks, blankets and even a hat will help keep your baby warm.

Car Seat Safety

Do you have the instructions for the car seat?

- Follow them and keep them with the car seat. You will need them as your child gets bigger.
- Be sure to send in the registration card that comes with the car seat. It will be important, in the event your car seat is recalled.

Does your car have a passenger-side airbag?

- An infant in a rear-facing seat should NEVER be placed in the front seat of a vehicle that has a passenger side airbag.
- It is essential for children 12 and younger to ride in the rear seat.

Is your child facing the right way for both weight and age?

- If you use a seat made only for infants (figure A), always face it backward.
- Infants should ride facing the back of the car until they are one year of age and weigh 20 pounds. (figures A&B)
- All rear facing seats should be semi-reclined.
- A child weighing more than 20 pounds and one year of age faces forward.

Is the harness snug, does it stay on your infant's shoulders?

- The shoulder straps of the car seat go in the lowest slots for infants riding backward and should fit over the infant's shoulders.
- The retainer clip should be placed at armpit level to keep harness straps on the shoulders.
- Harness straps should not be twisted.
- Keep light-weight clothing on your child rather than heavy snowsuits. This will keep the shoulder straps in the proper place. Cover your child and the seat with warm blankets when going out.



Have you tried the car seat in your vehicle?

- Not all car seats fit all vehicles.
- When the car seat is installed, be sure it does not move more than one inch at the belt path.
- Be sure to read the section on car seats in the owner's manual for your car.



Has your child's car seat been recalled?

- Call the Auto Safety Hotline at 1-800-424-9393 or go to www.nhtsa.gov for a list of recalled seats that need repair.
- Be sure to make any necessary repairs to your car seat immediately.

Hazards of Second Hand Smoke

Second hand smoke includes both exhaled smoke and smoke coming from a burning cigarette. Tobacco smoke from cigarettes, cigars and pipes is composed of more than 3,800 different chemicals. Research indicates that second hand smoke has a harmful effect on the respiratory health of children such as:

- Higher rates of lower respiratory illness during the first year of life
- Increased rates of ear infections
- Higher rates of Sudden Infant Death Syndrome (SIDS)
- Developing or worsening childhood asthma
- Increased chance of developing cancer as an adult

It is important to your child's health not to expose them to second hand smoke by:

- Not allowing anyone to smoke in your home or car
- Using only non-smoking childcare providers
- Avoiding enclosed smoke filled environments



Other Safety Guidelines

- Never put your baby to bed with a bottle. This causes the risk of tooth decay, ear infections and choking.
- Never leave your baby unattended on a raised surface.
- Use safety straps for items such as infant seats, high chairs and swings.
- An adult should always test the temperature of the bath water. Never leave your infant alone in the bath, even for a few seconds.
- Never use a microwave to warm breast milk or formula.

SHAKEN BABY SYNDROME

Babies or small children who suffer injury or death from severe shaking or jerking are victims of what is called Shaken Baby Syndrome. Sometimes a young child's crying or need for attention can be more than tired parents or caregivers can cope with. In frustration, without knowing the dangers, they may shake a baby or small child to get their attention or to make them stop crying.

Children under two can easily be injured from shaking because their weak neck muscles aren't strong enough to fully control their head movements. When a child is shaken, the head whips back and forth, slamming the fragile brain tissue against the hard skull, causing bruising, bleeding and swelling inside the brain. When the shaking is combined with throwing the baby against the crib mattress or pillow, even more force is applied to the brain and more damage can occur.

Most of the time, Shaken Baby Syndrome occurs because a parent or caretaker is frustrated or angry with a child. Other times, children become victims when a parent or caretaker, not realizing how seriously this behavior can harm, throws a small child into the air vigorously, plays too roughly, or hits an infant too hard on the back. Anyone who takes care of a baby or small child should be reminded to never shake babies or small children.

It is not unusual for infants to cry a lot during the first few months of life. Using a mental checklist, determine first if your baby is safe, fed, comfortable and clean. If crying persists, the following comforting techniques may help:

- Remain calm, babies can sense when you are tense.
- Rock your baby or place them in an infant swing.
- Run a vacuum cleaner or turn on a household fan.
- Cuddle the child gently and play soft music. Very young infants can be carried around in a "snuggli" or other type of carrier that holds the infant close to the body.

If these suggestions do not work, you do not think the baby is ill, and you cannot take the crying and stress anymore, put the baby in a safe place, such as a crib. Take a short break, and if possible, call someone to take care of the baby for a while. There are organizations that can provide help to parents whose patience has been strained by the burden of caring for an infant who cries continually, or who might need more help with parenting and coping skills.

Calming Your Baby with the 5 "S's"

The first "S"—Swaddling

A baby's first reaction to swaddling is to struggle against it. Swaddling may not instantly calm fussiness but it will restrain the tendency toward uncontrolled flailing so that your baby can pay attention to the next "S" that will turn on the calming reflex.

The second "S"—Side/Stomach

The more upset your baby is, the unhappier he or she will be on their back. Roll your baby onto her side or stomach to activate the calming reflex.

The third "S"—Shhh

Shushing a crying baby makes them feel at peace and back home in the womb, but it must be done as loud as your baby is crying and close to their ear—or they will not even notice it. Consider using a radio tuned to loud static, a tape recording of your hair dryer or a white noise machine.

The fourth "S"—Swinging

As you support your baby's head and neck, wiggle his or her head in fast, tiny, gentle movements. Eventually try moving your baby into a swing for gentle, continual, hypnotic motion. Make sure that the safety strap in the swing is between your baby's wrapped legs and the swing is fully reclined and set on the fastest speed.

The fifth "S"—Sucking

The fifth "S" works best after your baby is calmed by the previous four "S's". Offer your breast or a pacifier.

For more information on the Five "S's", please discuss with your Mother/Baby Unit nurse or read, "The Happiest Baby on the Block" by Harvey Karp, M.D. The book or DVD is available in the Little Miracles Boutique as well as other retail book stores.

SIDS Prevention

Most babies should sleep on their back. But a few babies have health conditions that might require them to sleep on their tummy. If your baby was born with a birth defect, often spits up after eating, or has a breathing, lung or heart problem, be sure to talk to a doctor or nurse about which sleep position to use.



Tuck the blanket under the mattress on three sides to avoid the possibility of your infant pulling the blanket over her head.

Guidelines to help keep your baby safe:

- Avoid positioning your baby on her stomach when sleeping.
- Eliminate soft bedding from your baby's sleep area, such as fluffy blankets, comforters, bumper pads, pillows and stuffed animals, to prevent suffocation.
- Crib slats should be no more than 2 $\frac{3}{8}$ -inches apart to prevent the baby's head from being caught.
- A firm mattress, covered by a crib sheet only, should be snug against crib rails to avoid arms, legs or the head from being caught.
- Avoid over dressing and bundling the infant.
- Avoid exposing your newborn to second-hand smoke.

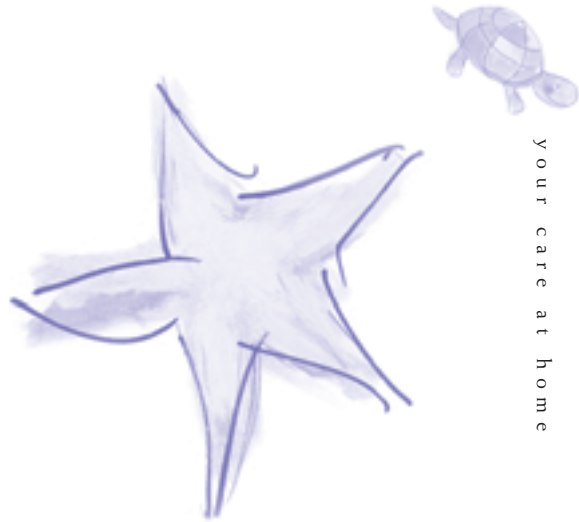
Be sure to place baby on tummy when awake during play time.

Immunizations

Children receive immunizations to protect them from certain childhood diseases. It is important that your child receives these immunizations because often the diseases they prevent are very serious.

Most babies do not have any reactions to vaccines. Among those who do, the majority are minor local reactions such as pain, swelling, redness at the injection site or a mild fever. These reactions will go away within a day or two.

Signs of severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, fast heart beat or dizziness. If any of these symptoms occur, call your baby's doctor immediately.



Infant Feeding

The decision of whether to breastfeed or formula feed is a personal one. The feeding choice you use will not only provide the nutrients and calories for growth, it also will provide a special time to get to know and love your baby. By meeting her hunger needs, by cuddling and interacting with your baby, you will be helping your newborn to feel secure and loved.

We hope the following information about breastfeeding and formula feeding will be helpful to you in these first few weeks. Enjoy your baby in this special time of your life.

General Feeding Guidelines

- Weight gain is the best indicator that your baby is consuming an adequate amount of milk. Expected weight gain is approximately one ounce per day or five to seven ounces per week. It is expected that your baby will initially lose a few ounces after birth. Weight loss should not be excessive or continue past five days of age.
- By the time the baby is five to seven days old, she should be wetting six to eight diapers a day, having stools and appearing content after feedings.
- Newborns frequently need encouragement to awaken and feed. They may need to have their blanket and clothing removed to wake up. Gently rubbing baby's feet or back also may be effective. If you are concerned about your infant's sleepiness or lack of interest in feeding, contact her physician or Mercy Newborn Nursery at (515) 643-MOMS, option 3.
- For your baby's comfort, cold breast milk or formula should be warmed to room temperature or body temperature before feeding the infant. Always test the temperature of warmed liquid on the inside of the wrist to assure the proper temperature.
- Never use a microwave to warm breast milk or formula. Uneven heating could lead to severe scalding even when the bottle feels luke warm. Heat baby's bottle by placing it under warm running water. If a bottle warmer is used, read directions carefully and always test for warmth before feeding baby to prevent scalding.
- All babies need the nutrition of breast milk or iron-fortified formula until their first birthday. Do not feed your baby regular cow's milk.

Is Baby Hungry?

Your baby is a unique little person who will develop his or her own schedule. Watch for your baby's feeding cues and feed when your baby awakens and begins to suck on lips, fingers, fist or roots toward anything that touches baby's cheek. Breastfed

babies normally feed at least every two to three hours. Formula babies tend to feed every three to four hours. If feedings have been adequate during the day, your baby may go four to five hours between feedings at night.

Breastfed babies eat more frequently than formula-fed babies do. This is because breast milk can be easily digested and passes through the stomach quicker than formula. When the baby is full, she may let go of the nipple, slow her sucking or fall asleep.

Your newborn's appetite will vary from feeding to feeding. All babies need to hear your soothing voice and to be cuddled closely during every feeding. Propping bottles is dangerous and leads to a higher risk of milk entering the baby's lungs, which can cause infection. Propping bottles also will lead to an increased chance of ear infection and tooth decay.

Formula Feeding, Preparation and Bottle Cleaning

Mix formula according to the package directions. Always wash your hands and the top of the formula container before beginning. Check the expiration date on the can. Prepare formula with city tap water. If you are unsure of the water source or use well water, use bottled water for mixing formula.

If you are using concentrated or powdered formula, be sure to add the correct amount of water as instructed. Too much water can interfere with calories and nutrient content; too little can cause diarrhea and dehydration.

You can mix one or several formula bottles at a time. Extra bottles must be stored in the refrigerator and used within 48 hours.

During feedings, always hold your baby with their head higher than the stomach. Tip the bottle so the baby drinks the formula instead of the air in the bottle.

In the first few months, formula-fed babies may eat better with less spit-up if burped about three to four times during a feeding.

Wash bottles and nipples in hot, soapy water using a bottle/nipple brush for complete cleaning. Rinse them in hot water and allow them to air dry. Most bottles can be safely washed in the top rack of the dishwasher.

The amount of formula your baby needs is fairly individualized. Typically, in the first two weeks, the newborn takes about two to four ounces per feeding. The amount will vary depending upon their hunger and will increase as they grow.

If your baby appears to be getting too much or too little during bottle-feeding, check the nipple for the flow of the milk. Milk should drip steadily from the nipple



opening. If not, the nipple may need to be replaced or the bottle cap may need to be loosened or tightened.

Always discard any formula left in the bottle at the end of a feeding. Germs grow quickly!

Burping

Burping your baby helps remove the air that is swallowed during feedings and is a way of rousing a sleepy baby during a feeding. Burp at the end of the feeding, between breasts, every half- to one-ounce of formula or when needed to stimulate baby. There is no “best way” to burp your baby. Try these suggestions to see what works best for your baby.

- Hold the baby upright against your chest (figure A).
- Place baby seated in your lap with her head supported under the chin (figure B).
- Lay baby across your knees (figure C).
Pat or rub your baby’s back gently.

Breastfeeding

Nature intended for babies to have breast milk, the ideal first food. Breastfed babies have fewer colds, allergies, ear infections and other health problems. Breastfeeding is truly a “health choice” and benefits mothers and babies in many ways. Even if you only breastfeed your baby for a few weeks, you will provide yourself and your baby with important health benefits. Any breast milk a baby receives is wonderful and the more breast milk your newborn gets is even better. Be patient with yourself and your baby as you both learn about each other and breastfeeding.



A



B



C

Getting started

Breastfeeding moms develop a system of supply and demand as they feed their infants. When your baby latches at the first breast, they may nurse vigorously for five to 15 minutes. Usually, breastfed babies suckle in bursts of five to six sucks and rest for five to 10 seconds, then suckle again repeating this pattern until they begin to get full. Most of the stored milk in your full breast will be emptied in the first five to 15 minutes of suckling and mother's breasts will produce more milk if the baby continues to suckle. Approximately two-thirds of your breast milk is made while your baby suckles at the breast, so don't feel you have to wait until your breasts feel full to feed your baby. Switching breasts halfway through feeding helps ensure both breasts get emptied and stimulated. Babies may nurse on the second breast for a shorter or longer time depending on their needs. The next time you nurse, start on the breast that you ended with last or the side that needs to be emptied most.

Key points for successful early breastfeeding in the hospital

- Put the baby to your breast within the first hour after birth
- Keep your baby in your room during your stay
- Watch for feeding cues: awakening, making mouth movements, and fist sucking
- Awaken baby every two to three hours to breastfeed if not awakening on own
- Avoid pacifiers, artificial nipples and supplemental formula
- Listen for baby swallowing at breast

Positioning At Breast

Make yourself comfortable so that you will be relaxed. This will usually involve extra pillows, a comfortable chair, footstool or even a pillow to sit on in those first tender days. There are several ways to position your baby at your breast.

Football hold

- Position yourself comfortably in a sitting position with extra pillows under your arm and across your stomach
- Hold the baby's back and shoulders in the palm of your hand
- Tuck the baby under your arm, lining up the baby's lips with your nipple
- Support your breast to guide it into the baby's mouth
- Hold your breast until the baby nurses easily



Cradling

- Cradle the baby in the arm closest to the breast, with the baby's head in the crook of your arm
- Have the baby's body facing you, tummy-to-tummy
- Use your opposite hand to support your breast

Lying down

- Lie on your side with a pillow at your back and lay the baby so you are facing each other
- To start, prop yourself up on your elbows and support your breast with your hand
- Pull the baby close to you, lining up the baby's mouth with your nipple
- Lie back down, once the baby is nursing well



Across the lap hold

- Lay your baby on pillows across your lap
- Turn the baby facing you
- Reach across your lap to support the baby's back and shoulders with the palm of your hand
- Support your breast from underneath to guide it into the baby's mouth



Latching On

To assist your baby onto your breast, cup your breast with your hand behind the areola (the darkened area around the nipple) with your thumb on top and your fingers below. Compress your breast with your thumb and index finger and guide the nipple toward the baby's mouth. Stroke your nipple against the baby's lips in order to get the baby's mouth wide open. When the mouth is open wide, quickly bring the baby closer to the breast.

Letting Down

When the baby has latched on and is sucking efficiently, the "let-down reflex" occurs. This reflex releases a hormone that starts milk to flow from the breast. The first breast milk your baby gets is called "colostrum." This first precious milk is thick

and sticky, but your let-down reflex will help move it to the nipple and the baby. Signs of let-down vary. You may feel a tingling sensation, warmth, momentary fleeting pain or nothing at all. The sure sign of let-down is your baby swallowing repeatedly in a suck-swallow rhythm.

The hormone oxytocin that produces the milk let-down reflex also causes cramping in your uterus. Breastfeeding actually helps the uterus return more quickly to its pre-pregnant state.

Proper latch-on tips

- Baby's upper and lower lips are rolled out on the areola
- The mouth is open wide
- You see large jaw movement and hear swallowing
- If nursing is comfortable, you may feel a "tug" or "pull" on your nipple as baby sucks
- Baby's tongue is down and over lower gums
- Baby's nose and chin are very close to your breast

Frequency and Length of Feedings

For the first weeks, you may have to awaken baby for feedings. If you awaken your baby about every two to three hours during the day, the baby will adjust her days and nights sooner. Early on, some babies will want to feed as much as every hour or two at night. By one month, you will usually be feeding baby once or twice at night.

As long as you do not experience nipple pain, let the baby breastfeed as long as she wants. Usually, it will take a baby approximately 20 minutes to nurse on one breast. If your baby is still strongly sucking and swallowing after 20 minutes – let her continue; don't watch the clock, but watch the baby. Babies will slow down their sucking as they near the end of a feeding. Most will fall asleep, letting the nipple slide from their mouth. Remember, the more a baby nurses during the early days, the sooner your milk supply will come in.

Milk Production

Milk production is generally influenced by the "supply and demand" principle. The more a baby nurses, the more milk is produced.

In order to establish your milk supply, nurse frequently, and avoid supplements, pacifiers and delayed feedings. Supplements of water or formula should be avoided unless medically indicated, because they decrease the baby's appetite and time at your breast. Pacifiers may meet sucking needs that also could be better satisfied at your breast.



The first milk, colostrum, is the perfect start for your baby and is available in small amounts at first and increases with each feeding. Usually by the second to fifth day after you deliver, your milk comes in, meaning more mature milk is filling your breast in much greater amounts.

As your baby grows, you will notice periods of time when the baby seems to want to nurse more frequently for longer sessions. This may be a growth spurt. Typical times that this may happen are three weeks, six weeks, three months and six months of age. If you are unaware of growth spurts and the more frequent nursing sessions that go along with them, you may think your milk supply is inadequate and decide to quit nursing. The easy remedy is to let your baby nurse more frequently and longer for a day or two until your milk supply increases to meet the needs of your growing baby.

General Recommendations and Breast Care

Successful breastfeeding involves avoiding problems before they happen, and also knowing what to do if problems arise. The following suggestions will help you avoid some of the common problems mothers experience with breastfeeding. Some situations may require additional attention. Good sources of support and help are lactation consultants, hospital nursery staff, your physician, baby's physician or your home care nurse. If symptoms worsen or persist longer than 24-hours, consult others for assistance.

- Make sure baby is positioned properly at your breast.
- If nipple pain is extreme, you can stop breastfeeding for 24-hours on one or both breasts. It is important, however, to express milk from your breast at the same frequency as your baby would nurse. Regular milk expression will help to prevent further complications.
- You may find your best breastfeeding experiences occur in a quiet, comfortable and relaxed setting. The "let-down" reflex will be more efficient in this situation.
- If you need to remove the baby from your breast, gently break the suction by inserting your finger into the corner of the baby's mouth.

Mercy Lactation
Services, Lactation
Consultants

(515) 358-2082

Little Miracles
Boutique

(515) 358-2080

Mother/Baby Unit
Nursing Staff

(515) 358-2050

- Air dry your nipples after feedings (10 to 15 minutes without breast pads on and nursing bra flaps open).
- When you are ready to wean your baby from breastfeeding, do it gradually as described under Weaning.

Breast and Nipple Care

- It is unnecessary to wash your breasts before or after nursing.
- Avoid soap on nipples, it may lead to soreness and cracking.
- Express a small amount of breast milk onto your nipples and gently rub it in after nursing. Breastmilk has healing properties that can protect or heal sore nipples.
- The routine use of breast cream or ointments is discouraged. They may make the nipple and areola slick and cause more difficult latch-on.
- Wearing a supportive bra may be helpful for support and comfort. Make sure the bra fits correctly. A bra that is too tight in the cup or around your rib cage can lead to engorgement, plugged milk ducts and/or a breast infection. Avoid under-wire bras.
- Avoid bras or nursing pads with plastic liners, they trap moisture and can lead to sore nipples.

Breastfeeding Problems You Might Have

Leaking of milk from your breasts can occur in the first weeks of nursing. Nursing pads, handkerchiefs and other clean cloths are useful for absorbing the leakage. This is normal in full breasts and will subside when the milk production more closely matches the baby's needs. If unexpected leaking happens, you can press firmly against your breasts with your arms, palm of your hand or fingers to slow or stop the milk flow. Change nursing pads and bras frequently to keep nipples dry.

Nipple Tenderness/Soreness

Some amount of tenderness at first is normal, but if the baby is positioned correctly while nursing, nipples should not blister, crack or bleed. Remember to get as much of the areola (darker area) in the baby's mouth as possible. Have the infant's body facing you and the mouth centered on your nipple. Baby's mouth should be opened wide and the bottom lip should be flanged (poked) out. Take your finger and pull down on the baby's chin to correct the position if necessary.



If your nipples do get sore, try the following:

- Change feeding positions at every feeding. This will help distribute the pressure of the baby's gums on a different spot each time you nurse.
- Nurse more often and start on the less tender side.
- Rub breast milk on your nipples after each feeding and let dry. It will actually help heal them.
- Wear breast shells inside your bra to keep clothing from rubbing on your nipple and to aid drying.
- Applying ice compresses to your nipples before nursing may help by numbing your tender nipple for the initial latch-on.
- If you are pumping your breast milk, check the size of the breast cup compared to your nipple. Too tight a fit or using the pump on too high of a suction setting can cause tenderness. Use only enough suction to create milk flow.
- If your nipples are cracked or bleeding, rub a very small amount of pure lanolin breast cream or apply moist healing gel pads on the nipples. The cream doesn't have to be removed before the baby nurses. It also helps provide a moisture barrier and will allow your nipples to heal faster without forming a scab.
- Expose your nipples to natural sunlight twice a day for 10 to 15 minutes.
- Apply warm wash cloths to your nipples after nursing to help soothe them.

Engorgement

Engorgement often happens as your milk comes in two to five days after delivery. This breast fullness is your milk supply increasing and swelling in your breast tissue. Often your breasts are so swollen that your nipple flattens out and the baby can't latch on.

If your breasts get swollen and tender, try the following:

- Express or pump out a little milk before you even try to nurse the baby.
- Nurse often, at least every two to three hours.
- Use a breast pump or hand expression between feedings, if needed.
- Try massaging your breasts before and during feeding.
- Use ice packs on your breast after feedings or pumping to reduce swelling. (A bag of frozen corn or peas works well).
- Heat is not recommended as it actually increases the swelling in your breast.
- An old folk remedy is to use clean, refrigerated cabbage leaves on your breasts. Anyone allergic to sulfa medications should not use cabbage.
- Remember, it will get better. Engorgement will only last one to two days.

Green Cabbage

Green cabbage can be used to reduce the swelling in your breasts and to help unplug a duct for milk flow. Prepare the cabbage leaves as described below. Keep cabbage leaves in place and change leaves every 1- 2 hours or until they become limp and wilted. If you are using cabbage to unplug a clogged duct, be sure to stop using the cabbage when you feel relief.

- Discard the two outer leaves of a head of green cabbage.
- Wash the inner leaves and pat dry.
- Take a rolling pin or similar object to crush the leaf and the large vein running through the leaves. Cutting out the large vein may allow the leaf to fit around the breast better.
- Pack your breasts in cabbage leaves. Wear your bra to keep cabbage in place.
- Check your breasts frequently, as soon as the milk begins to drip or the breast feels “different,” remove the cabbage leaves and either try to breastfeed or use a pump to get the milk flowing.
- Reapply as needed, but not more than three times in a day.
- Attempt to breastfeed or pump at least every two (2) hours.
- Remember, use cabbage only to the point milk is starting to flow and the breasts are softening.
- At anytime while using the cabbage you notice a rash or irritation to your skin, stop using it at once.

Plugged Milk Duct

If you don't empty your breasts when they are full, you could develop a plugged milk duct. It becomes “stopped up” much like a plumbing pipe. When this happens, you might notice a small tender spot or lump in your breast. It might happen when the baby decides to sleep through the night or if you get busy and don't nurse as often. Sometimes a tight bra can be pressing on a milk duct.

To relieve a plugged milk duct:

- Get plenty of rest and nurse often
- Apply warm, moist heat to the plugged duct, soak in warm water or take a hot shower or bath
- Point the baby's nose and chin toward the plugged duct as they nurse, to more fully empty that area
- Pay special attention and massage the area while the baby nurses to help with milk flow
- Use a breast pump after nursing to help move the milk



If you have the same symptoms of a plugged duct plus feel achy like you have the “flu” and a fever, you probably have a breast infection (mastitis). You may develop a breast infection if you do not treat a plugged duct. If your breast does get infected, you should use the same treatment as described below and call your physician. An antibiotic will probably be prescribed for you. Remember to continue nursing frequently because an empty breast will heal faster. Mastitis is not an infection of the milk; therefore, it is safe to continue breastfeeding your baby.

Mastitis is common during the holiday season due to stress and lack of sleep in a new mother. Delayed or missed feedings may lead to mastitis.

Breast Infection (mastitis) Treatment

- Call your physician for possible antibiotic treatment
- Empty your breast frequently, nurse often
- Use heat and massage to open the affected duct
- Get extra rest and fluids
- Point your baby’s nose and chin to the affected area during nursing to better empty the duct
- Take medication for fever and achiness

Is Baby Getting Enough?

- Feed your newborn eight to 12 times in 24-hours
- Your baby should have a wet diaper for every day of age until your milk is in two to five days after birth
- By the time your milk is in, between the second and fifth day, you should see six to eight wet diapers per 24-hours and four or more, possibly up to 10, stools per 24-hours
- The stools should change color from black meconium, to “Army” green, to mustard yellow
- Stools should be loose and seedy
- You should hear your baby swallowing when breastfeeding and see lots of large jaw motion and sucking
- Your baby should be content for one to two hours between most feedings
- Your breast should feel softer and less full at the end of each feeding

Your baby should gain approximately one ounce per day or five to seven ounces per week. Remember, all babies lose some weight in the first days, but usually start gaining by the fifth day and regain or exceed their birth weight by two weeks of age.

Day	Wets	Stools
Day 1	1-2	1-2 dark
Day 2	2-3	2-3 dark to greenish-brown
Day 3	3-4	3-4 greenish brown to yellowish
Day 4	3-4	3-4 greenish-brown to yellowish
Days 5-7	6+	3-4 greenish-brown to yellowish

After four weeks of age, stool patterns change. The volume of stool usually increases and the frequency decreases. However, each baby is different.

Offering an Occasional Bottle of Expressed Breast Milk

Breastfeeding your baby without offering the bottle for the first three to four weeks will give both of you ample time to become comfortable with nursing. Offering bottle nipples in the first three weeks often confuses the baby since she must use a different suck on your breast nipple and the bottle nipple. Sometimes pacifiers will cause the same confusion for a very young baby. Any time after three weeks, you may offer a bottle to acquaint your baby with that nipple. An occasional offering of a bottle (once or twice a week) of expressed breast milk is a way to let dad share in this special time.



Weaning

Weaning begins when your breastfed infant takes food or fluids from a source other than your breasts. You should determine the right time to begin weaning. Sometimes your baby will lead you in weaning, or it may be you leading the baby. You may experience a variety of feelings and concerns as both of you go through this change.

- Gradual weaning is easiest on both you and the baby. Eliminate one breastfeeding per day, every two to three days. This method allows your milk supply to decrease slowly. Breast fullness and discomfort are avoided and your baby has time to adapt to the change.

- Rapid weaning may be necessary due to certain situations. Replace two to three breastfeedings a day with formula feedings. Increase the number of eliminated feedings each day until the baby is no longer nursing.
- Whenever a timetable is used, it is important to express enough breast milk to relieve discomfort and fullness. It may be several drops or an ounce or two. Using this method, the production and supply of breast milk slowly decreases. This prevents the accumulation of milk in the milk ducts that could lead to a breast infection.
- During weaning, give your baby lots of extra cuddling and love.
- Depending on the age of the baby, substitute a formula feeding by bottle or cup as indicated.
- Remember, babies need breast milk or formula until their first birthday.



Expressing and Storing Breast Milk

Expressing breast milk can be accomplished by using a breast pump or by hand expression. Expressing may be a way to maintain or stimulate your milk supply. It is also the way your baby can receive your breast milk when you must be away during feedings.

As with anything, expressing milk is an acquired skill. Initially, it may seem awkward and time consuming, but with practice it gets easier.

Breast Pumps

Breast pumps are available in electric and hand pumps. You may want to talk to other mothers or the Lactation Consultants to find out what pump worked best for them. Each breast pump is a little different. Be sure to read the directions carefully before using and cleaning the pump you choose. Mercy Lactation Consultants have a full line of breastfeeding pumps, accessories and nursing bras available to purchase. For more information, call (515) 643-MOMS, option 4. All purchases are tax exempt and Master Card, Visa, cash and check are all accepted for payment.

Hand expression of milk

1. Put your thumb above the nipple and your fingers below so that they are positioned on top of the milk sinuses.
2. Push straight into the chest wall.
3. Roll your thumb and fingers toward the nipple. This presses on your milk sinuses and pushes the milk out. Repeat all around your breast for complete draining.
4. These techniques can be used to completely empty your breast or start the flow of milk prior to feeding the baby or pumping.



Whatever method you choose, always start with clean hands, clean equipment and clean bottles or disposable bottle liners.

Here are some suggestions to get you started:

- Pumping or expressing milk is more effective if you can do it while having a let-down
- Use warm, moist towels on your breasts
- Relax and drink some fluids
- Remove the towels and begin breast massage
- Massage your breast in a circular motion from your chest wall down to your nipple

Storing Breast Milk

Sometimes it is necessary to store the milk you've just expressed. Proper storage is essential. If you are going to freeze your breast milk, leave some space at the top of the container. Breast milk, like most liquids, expands as it freezes.

Follow these guidelines and use disposable bottle liners to store milk.

- Mark the date, time and baby's name on each bag/container if you'll be taking it to your day care provider.
- Freeze your milk in two- to four-ounce portions. Smaller amounts thaw quicker and you will waste less milk.
- You may continue to add small amounts of breast milk to the same container throughout the day. Chill in the refrigerator until evening. Then freeze the container.

Defrosting Frozen Milk

- Place milk in the refrigerator the night before you're going to use it. Refrigerator defrosting takes 12 hours.
- Place milk under warm running water or in a pan of warm water.
- Never microwave breast milk. This can destroy some of the milk's immunological components and possibly burn your baby.
- Fat in breast milk will separate and rise to the top. Gently shake the container to mix the milk.
- Never refreeze thawed breast milk.
- Remember, the color, consistency and odor of your breast milk may vary depending on your diet.
- Discard any breast milk you don't use during a feeding.

Breast Milk Storage Guidelines					
	Room Temperature	Cooler with three frozen ice packs	Refrigerator	Self-contained Refrigerator Freezer Unit	Deep Freezer
Freshly Expressed Milk	4 hours at 66-72°F (19-22°C)	24 hours at 59°F (15°C)	5-7 days at 32-39° (0-4°C)	3-4 Months	6-12 months at 0°F (-19°C)
Thawed Breast Milk (Previously Frozen)	Do not store	Do not store	24 hours	Never refreeze thawed breast milk	Never refreeze thawed breast milk

