

Feeding your baby

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 his or 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, he or 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 Nurse at (515) 643-MOMS.
- 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.

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.

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.

Getting started

Breastfeeding moms develop a system of supply and demand as they feed their infants. When your baby latches at the first breast, he or she 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 your 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. 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.

Tips for successful breastfeeding

- 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

Mother's diet while breastfeeding

Most breastfeeding mothers are able to eat anything they want without problems.

- Eat a good healthy diet just like you did during your pregnancy and use the food pyramid for a guide. Learn to read labels and don't eat foods with a lot of added chemicals.
- Eat about 500 more calories every day in the form of nutritious foods. Drink plenty of liquids to keep your thirst satisfied and your urine a very light yellow color.
- You will gradually lose the weight you gained during pregnancy and breastfeeding usually helps. There will be an initial weight loss of about 15 pounds in the first few weeks after delivery. After the initial loss, you can maintain that weight or safely lose one to two pounds a week until you reach your desired weight. Losing more than two pounds a week could reduce the quantity of milk you produce.
- Make sure you get 1,200 mg. of calcium per day. This equals four servings of dairy products. One glass of milk, a cup of yogurt and a one-inch cube of cheese, for example, are each equal to one serving.
- Very little of the caffeine that you drink goes through to the breast milk, but limiting your intake is a good idea. Some babies become restless and fussy from too much caffeine.
- Alcohol is not good for babies and should be avoided.
- Generally, most medications cross into the breast milk, but most do not pose a problem to your baby. Some medications may be harmful to your baby, so it's always better to remind your doctor that you are breastfeeding when he/she prescribes medications. Mercy's lactation consultants also serve as a good source of information as well as your pharmacist.

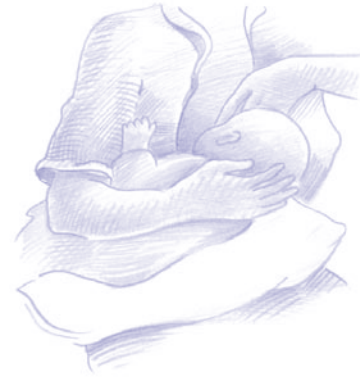


Positioning at breast

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

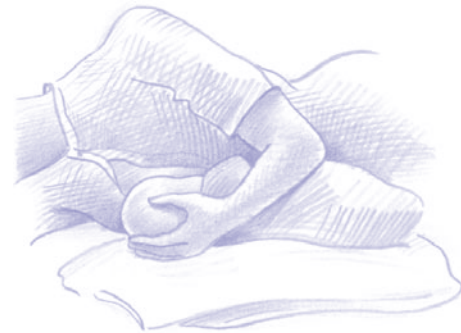


Cradling

- 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 onto 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 he or she wants. Usually, it will take a baby approximately 20 minutes to nurse on one breast. 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.
- 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 underwire 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.
- 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.

Mercy Lactation
Services, Lactation
Consultants

(515) 358-2082

Little Miracles
Boutique

(515) 358-2080



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 breasts.
- An old folk remedy is to use clean, refrigerated cabbage leaves on your breasts.
- 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 hours.
- Remember, use cabbage only to the point milk is starting to flow and the breasts are softening.
- At any time while using the cabbage you notice a rash or irritation to your skin, stop using it at once.
- Anyone allergic to sulfa medications should not use cabbage.

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 others 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.

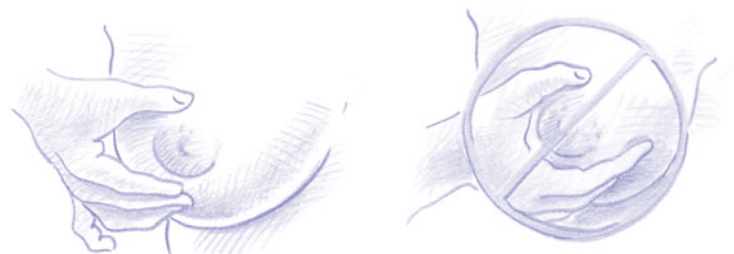
As with anything, expressing milk is an acquired skill. Initially, it may seem awkward and time consuming, but with practice it gets easier.

Breast pumps

Breast pumps are available in electric and hand pumps. You may want to talk to other mothers or the Mercy 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. Little Miracles Boutique has a full line of breastfeeding pumps, accessories and nursing bras for purchase. For more information, call (515) 358-2080. All purchases are tax exempt and MasterCard, Visa, cash and check are all acceptable forms of payment.

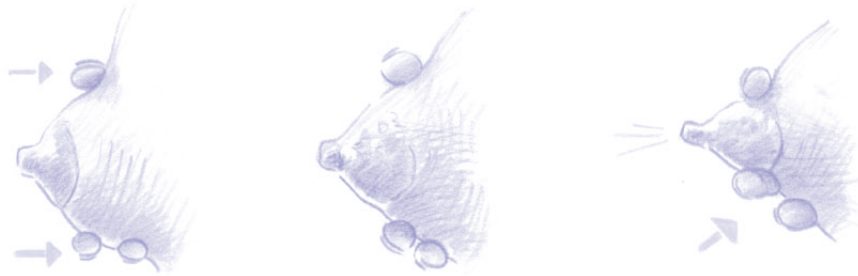
Hand expression of milk

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 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

Returning to work or school

You can work or go to school and continue to breastfeed. When you and your baby are together, breastfeed frequently to help keep your milk supply steady. When you are away you can do one of the following:

- Find a caregiver close to work or school. Go to your baby or have your baby brought to you to breastfeed.
- Arrange for a place to collect and store your breast milk at work or school. Pump or hand express about every three hours. Keep the milk chilled. Leave your breast milk with the caregiver to feed the next day.
- Have the caregiver feed your baby formula. You may need to express milk during the day for comfort in the early weeks.

Gradually adjust to your new schedule by returning to work or school part-time in the beginning if possible.

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!



Helpful information

Important phone numbers

INSURANCE COMPANY _____

MOTHER'S PHYSICIAN _____

BABY'S PHYSICIAN _____

MERCY NURSE	(515) 643-MOMS
MERCY MEDICAL CENTER – DES MOINES	(515) 247-3121
1111 6th Avenue, Des Moines, IA 50314	
MERCY MEDICAL CENTER – WEST LAKES	(515) 358-8000
1601 60th St., West Des Moines, IA 50265	
BIRTH CERTIFICATES.....	(515) 286-3781
CHILDBIRTH CLASS REGISTRATION.....	(515) 643-MOMS, option 1
CLASS CANCELLATIONS – INCLEMENT WEATHER	(515) 358-5060
CHILDREN'S CENTER MERCY – PEDIATRICS UNIT	(515) 247-3300
HOME CARE	(515) 247-8383
INFANT CPR CLASSES.....	(515) 243-2584
LACTATION CONSULTANTS.....	(515) 358-2082
LITTLE MIRACLES LACTATION BOUTIQUE	(515) 358-2080
NEWBORN NURSERY	(515) 643-MOMS
PATIENT ADVOCATE	(515) 643-2861
SOCIAL SERVICES	(515) 247-4330



helpful information

Community resources

Hotline information

CHILD ABUSE HOTLINE	(515) 283-9222 or 1-800-362-2178
DRUG USE HOTLINE (prevention and treatment information)	1-800-729-6686
NATIONAL AIDS HOTLINE (for information, testing, medical care).....	1-800-342-2437
NATIONAL DOMESTIC VIOLENCE HOTLINE (information, support).....	1-800-799-7233
NATIONAL SPANISH-LANGUAGE HOTLINE.....	1-800-344-7432
NATIONAL STD HOTLINE	1-800-227-8922
POSTPARTUM DEPRESSION SUPPORT	(515) 246-6555
Call family physician or First Call For Help	
RAPE CRISIS LINE (information, support & referral).....	(515) 286-3535
SUICIDE PREVENTION HOTLINE	1-800-784-2433 or (515) 244-1000
YOUTH AND SHELTER HOTLINE.....	(515) 233-2330 or 1-800-600-2330

Helpful numbers

ADOPTION INFORMATION.....	1-800-862-3678
ALCOHOLICS ANONYMOUS (INFORMATION & REFERRAL).....	1-800-711-6375
AUTO SAFETY HOTLINE (VEHICLE & CAR SEAT INFORMATION).....	1-888-327-4236
BIRTH CERTIFICATE AND PATERNITY INFORMATION.....	(515) 281-4944 or (515) 281-5871
EMERGENCY FOOD PANTRY LOCATIONS.....	(515) 246-6555
FAMILY VIOLENCE CENTER.....	(515) 243-6147
FIRST CALL FOR HELP.....	(515) 246-6555
FOOD FOR WOMEN, INFANTS AND CHILDREN (WIC).....	(515) 697-6700
HIV/AIDS COUNSELING AND TESTING.....	(515) 286-2088
IOWA SUDDEN INFANT DEATH (SIDS) ALLIANCE.....	(515) 279-6928
POISON CONTROL.....	(515) 241-6254 or 1-800-352-2222
SOCIAL SECURITY INFORMATION.....	1-800-772-1213
U.S. CONSUMER PRODUCT SAFETY COMMISSION.....	1-800-638-2772

Free immunizations

CHILD HEALTH INSURANCE PROGRAM.....	1-877-543-7669
HAWKEYE HEALTH INSURANCE FOR CHILDREN.....	1-800-257-8563
HOUSE OF MERCY MEDICAL CLINIC 1409 Clark Street.....	(515) 362-6525
POLK COUNTY DEPARTMENT OF SOCIAL SERVICES 1900 Carpenter (ask for General Relief).....	(515) 286-3702
1740 Garfield (ask for General Relief).....	(515) 286-2124

Health departments

Area health departments offer a variety of services, including well-child assessments, immunizations, WIC and child-development information.

DALLAS COUNTY HEALTH NURSE.....	(515) 993-3750
MADISON COUNTY BOARD OF HEALTH.....	(515) 463-2636
POLK COUNTY HEALTH DEPARTMENT.....	(515) 286-3798
WARREN COUNTY HEALTH NURSE.....	(515) 961-1003

Poison control centers

IOWA POISON CONTROL CENTER.....	1-800-352-2222 or 1-800-272-6477
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Mental health services

Area mental health services that offer counseling, referral and education opportunities.

MERCY BEHAVIORAL HEALTH HELP LINE.....	(515) 271-6111
POLK COUNTY MENTAL HEALTH SERVICES.....	(515) 283-9111

Child care information

These groups offer assistance locating names and numbers of licensed childcare providers.

CHILD CARE RESOURCE & REFERRAL OF CENTRAL IOWA.....	286-3536 or 1-800-722-7619
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