



My Welcome Baby Book

1st LA
first 5 la
— WELCOME BABY —



Important information and phone numbers

I first found out I was pregnant (where/when): _____

The first person/people I told: _____

My Welcome Baby program's number: _____

Parent Coach: _____ Number: _____

Nurse: _____ Number: _____

My due date: _____ My clinic or doctor's office: _____

My OB-GYN (doctor): _____ Number: _____

Delivery hospital: _____ Address: _____

My hospital's Labor & Delivery Dept. number: _____

My baby's pediatrician: _____ Number: _____

My local WIC office: _____ Number: _____

My personal support numbers:

Name: _____ Number: _____

Name: _____ Number: _____

Name: _____ Number: _____

Medi-Cal Health and Nutrition Hotline

(information on applying for Medi-Cal or CalFresh/food stamps): **877-597-4777**

L.A. County Health and Social Services Helpline (community resource directory): **2-1-1**

Breastfeeding Helpline: 800-994-9662

Poison Control: 800-222-1222

National Parent Helpline (emotional support for parents and caregivers): **855-427-2736**

National Maternal Mental Health Hotline (24/7 support for pregnant/new moms in English/Spanish): **833-TLC-MAMA (833-852-6262)**

Postpartum Support International Helpline (24/7 support for moms with depression or anxiety): **800-944-4PPD (4773)**

988 Suicide & Crisis Lifeline (24/7 support for anyone): Call/text **988** or chat at **988lifeline.org/chat**

Substance Abuse Service Helpline: 844-804-7500

L.A. County Domestic Violence Hotline (24-hour help creating a safety plan): **800-978-3600**

CAST LA Hotline (help for victims of forced prostitution): **888-KEY-2-FREE (539-2373)**

For all medical emergencies, call 9-1-1.

Introduction

Thank you for joining Welcome Baby!

Whether this is your first baby or you already have other children, you may have lots of questions. The Welcome Baby program is here to support you through the journey of pregnancy and early parenting.

Your Welcome Baby Parent Coach and Nurse are available to give you the support, information, and resources you need. This book covers many topics that will be useful on your journey. It can help you:

- Have a healthy pregnancy
- Prepare for childbirth
- Learn about breastfeeding and infant feeding
- Make good choices for your health and your baby's health
- Understand your baby's needs and behavior
- And much more

Mark up this book and make it your own! You'll find a page for notes after each chapter so you can write questions for your doctor, reflect on what you're feeling, track your baby's growth and development, or jot down what you've learned along the way.

Check out LABestBabies.org/Parenting for more resources and information. Your Parent Coach and Nurse can also find other resources to help you.

You'll find accurate, up-to-date information here, but please talk to your doctor if you have questions about health care for you and your baby. This book should help you ask the right questions, but *it's not meant to replace recommendations from your doctor or other health care providers.*



Acknowledgments

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LABBN team: Dr. Margaret Lynn Yonekura, Janice French, Sharlene Gozalians, Mallika Bhandarkar, Steve Nish, Amie Miramontes-Franco, Martha Bock, Terrie Anciano, Patrick Flippin-Weston, Kayla Kakavand, Larisa Malek, Jessica Perez, Vanessa Reyes, Amber Aviles, Laurel Murray, Delisa Young, Monica Charles, Vanessa Delgadillo, Jonathan Jimenez

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Other partners: Ruth Beaglehole, Kevin Gruenberg, Jocceline Hernandez, Gabrielle Kaufmann, Teresa McKee, Julie Ortiz, Jodi Rosen, Aida Simonian

Copyediting: Beccah Rothschild (HealthEngagementStrategies.com), with LABBN's Steve Nish and Amie Miramontes-Franco

Graphic design and layout: Breanne Sedano (BreanneSedano.com)










LA Best Babies Network is a community benefit of Dignity Health – California Hospital Medical Center. LABBN leads the oversight, training, data usage/analysis, and communications/outreach for Los Angeles County's Family Strengthening Network. This network, including 12 Welcome Baby hospitals and over two dozen home visiting organizations, supports families during pregnancy and in their children's early years. Learn more at WelcomeBabySupport.org and WelcomeBaby.LABestBabies.org.

First 5 LA is an independent public agency that works to support the safe and healthy development of young children in Los Angeles County so that they enter kindergarten ready to succeed in school and life. Visit First5LA.org to learn more.

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Welcome Baby visits

After each visit, write what you learned, along with any goals you've set. You can also jot down the date and time whenever you schedule a visit.

 1 st or 2 nd trimester of pregnancy _____ _____
 20-32 weeks of pregnancy _____ _____
 3 rd trimester of pregnancy _____ _____
 Postpartum hospital visit _____ _____
 Nurse home visit within 1 st week _____ _____
 Baby's 2-4 weeks _____ _____
 Baby's 2 months _____ _____
 Baby's 3-4 months _____ _____
 Baby's 9 months _____ _____

All families are eligible for the Welcome Baby hospital visit. Whether or not you can receive other visits depends on where you live and your specific needs. The shaded area shows visits that you might receive if you don't live in a service area known as a Best Start Community.

Notes

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Pregnancy

TOPICS

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Preparing to feed your baby

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CHAPTER 1

Pregnancy

TOPICS

Taking care of yourself | Your baby's development | Discomforts and warning signs | Early (premature) labor | Healthy eating | Gestational diabetes | Substances to avoid | Sex and STIs | Dental care
Preparing to feed your baby



Words to know

It will be helpful to get familiar with these words as you read this chapter. You can find each term in the glossary at the end of the book.

- Amniotic sac
- Antibiotic
- Areola
- Asymmetrical latch
- Birth defects
- Blood clots
- Blood pressure
- Blood sugar
- Braxton Hicks contractions
- Breastfeeding
- Cannabidiol (CBD)
- Cavities
- Cervix
- Chemical
- Citrus
- Colic
- Constipation
- Contraction
- Cramp
- Dehydrated
- Dietician
- Doppler
- Early labor
- Edibles
- Fatty foods
- Fiber
- Folate
- Folic acid
- Gassy foods
- Gestational diabetes
- Group B Strep (GBS)
- Heart disease
- Heartburn
- Hemorrhoids
- High blood pressure
- HIV
- Hormone
- Incompetent cervix
- Iron
- Kick count chart
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- Latch
- Lead
- Marijuana
- Mercury
- Midwife
- Milk ducts
- Minerals
- Miscarriage
- Morning sickness
- Nipple
- Nursing
- Parasite
- Parent Coach
- Pelvic rocks
- Pesticides
- Placenta
- Placenta previa
- Pre-eclampsia
- Premature
- Premature labor
- Prenatal
- Prenatal vitamins
- Protein
- Pubic bone
- Pump
- Quadruple screen (quad screen)
- Secondhand smoke
- Sexually transmitted disease (STD)
- Sexually transmitted infection (STI)
- Skin-to-skin
- Tooth decay
- Type 2 diabetes
- Unpasteurized
- Urination
- Uterus
- Vaginal discharge
- Vaginal infection
- Vaping
- Varicose veins
- Virus
- Vitamin
- Vitamin A
- Vitamin C
- Water bag
- WIC
- Womb



There's more online!

Point your phone camera to this box or visit [LABestBabies.org/Parenting](https://www.LABestBabies.org/Parenting) for more information on the topics covered in this book.

A healthy baby starts with a healthy mom

Now that you're pregnant, good health habits are more important than ever. The choices you make will impact your health and your baby's health. It's important to:

- Go to all of your **prenatal** visits, even if you're feeling fine.
- Take your **prenatal vitamins** every day.
- Eat healthy foods.
- Exercise and stay active unless your doctor or nurse says not to.
- Get as much rest as you need.
- Avoid alcohol, marijuana, drugs, cigarettes and other tobacco smoke, **vaping**, and anything else that might hurt your baby.
- If you normally take any prescription drugs or other medicine (even dietary supplements), ask your doctor or nurse if you should keep taking them.

The next few pages give you suggestions about how to have a healthy pregnancy.

It's also important to take care of yourself mentally and emotionally. Your mind, body, spirit, and relationships will all impact your health. Some ways to take care of your mental and emotional health are:

- Find ways to reduce or manage your stress.
- Get support from someone you trust.

You will find more information about how to take care of your mental and emotional health during pregnancy in Chapter 2 of this book.

Remember you can always talk to your **Parent Coach** if you have any questions or want more information.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Prenatal appointments

Prenatal appointments are doctor's appointments that you go to when you're pregnant. They'll start early in your pregnancy and you'll have them until right before your baby is born. These appointments are very important to make sure that you and your baby are healthy. They also give you the chance to ask any questions you have.

At most prenatal appointments, your doctor or nurse will check:

- Your weight
- Your urine (pee)
- Your **blood pressure**
- Your baby's heartbeat
- Your belly's size

Your doctor or nurse will also talk to you about changes in your body and your baby's body. You'll get to learn how your baby is growing and developing.

At some prenatal appointments, your doctor or nurse will do additional tests. These tests might include blood tests, ultrasounds, a **quad screen** (or **quadruple screen**), and more.

It's normal during your pregnancy to have a lot of questions about what's happening to your body and how your baby is growing and developing. Keep a list of questions that you have so that you can remember to ask them all at your prenatal appointments. Some women like to keep track of questions in a notebook. Other women keep their questions in their phone. Your Parent Coach can also answer some of your questions — or help you get ready to ask them.

Group B Strep (GBS) is a bacteria that about 1 in 4 pregnant women have. It grows in your intestine, vagina, and anus. It can be dangerous for your baby.

You have more of a chance of having it if you're overweight or have diabetes, **heart disease**, or a history of cancer. The signs include burning in your vagina or an unusual discharge.

If you have these symptoms, tell your doctor right away. She can do a simple swab in your vagina or give you a urine test to find out if you have it. If you do have it, you'll probably need **antibiotics** through an IV when you go into **labor**.

Prenatal appointments

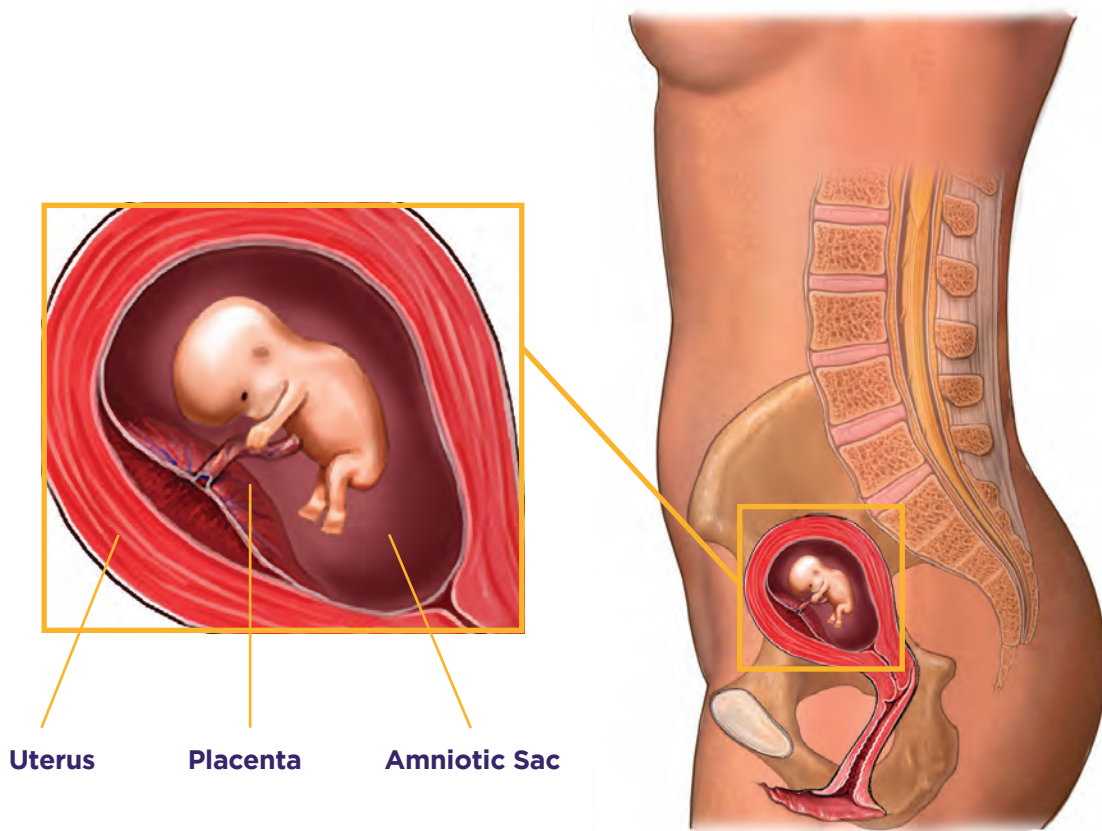
The table shows you when you might have some of these other tests, how often they'll happen, and what to expect.

When in your pregnancy	Frequency of appointments	What happens at the appointments
1 st prenatal appointment	Once	<ul style="list-style-type: none"> Your doctor or nurse will talk with you about your health, medications, previous pregnancies, and your family's medical history.
1 st trimester (up to 12 weeks)	Once a month for most women; more often if you have medical risks	<ul style="list-style-type: none"> Your doctor or nurse will check your weight and blood pressure; and Your doctor or nurse will listen to your baby's heartbeat.
2 nd trimester (13–27 weeks)	Once a month for most women; more often if you have medical risks	<ul style="list-style-type: none"> The same as the 1st trimester appointments; and Your doctor or nurse will measure your belly to make sure your baby is growing enough.
3 rd trimester (28–36 weeks)	Every other week, or more if needed	<ul style="list-style-type: none"> Everything done at the 1st and 2nd trimester appointments; and Your doctor or nurse will talk to you about fetal kick counts.
8 th month	Every other week, or more if needed	<ul style="list-style-type: none"> Everything done at the 1st, 2nd, and 3rd trimester appointments; and Your doctor or nurse will check more closely how your baby is developing; and Your doctor or nurse will swab your vagina and rectum to test for an infection called Group B Strep; and Your doctor or nurse will check the position of your baby to see how close you are to delivery.
9 th month	Once a week, or more if needed	<ul style="list-style-type: none"> Everything that is done in the 8th month.

How your baby is developing

The First Trimester

(Up to 12 weeks pregnant)



Bonding tip

Start talking and singing to your baby now! Your baby will start to hear your voice and will remember it once he or she is born.

Health tip

Give your baby the healthiest start possible. You can do this by eating healthy foods, drinking plenty of water, managing your stress, and taking prenatal vitamins. Ask your doctor or nurse for specific advice and instructions.

How your baby is developing

The First Trimester

(Up to 12 weeks pregnant)

Even though it might seem like you just found out that you're pregnant, your baby has been developing very quickly. But, in these early stages of your pregnancy, you probably won't feel your baby's development. You may not even have known you were pregnant during this important time.

Some of the early ways that your body is changing

- You may have a “glow” or new acne. This is from increased blood flow and extra oil.
- You may feel moody or extra tired. This is from changes in your **hormones**. These changes can affect your brain and how it regulates your mood and energy levels.
- You may have more **vaginal discharge**. This helps prevent infections from traveling up your vagina and into your **womb**.
- You may have swollen or tender breasts. This is because your **milk ducts** are growing and getting ready to breastfeed your baby.

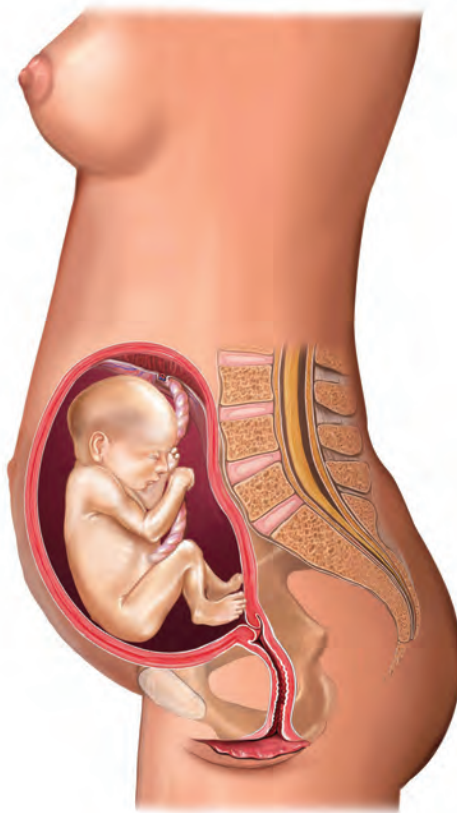
Some of the early ways that your baby is developing

- Your baby's major organs, including her brain, heart, spinal cord, and intestines are developing.
- Your baby's bones and muscles are starting to form.
- Your baby's muscles can contract and she can make a fist.
- Your baby weighs about one ounce and is about three inches long.
- Your baby's mouth, lower jaw, and throat are developing.
- Your doctor or nurse can usually hear your baby's heartbeat with a special instrument called a **Doppler**.

How your baby is developing

The Second Trimester

(About 13 to 27 weeks pregnant)



Bonding tip

Rub your belly. Your baby will like being touched — and it will probably feel nice for you too.

Health tip

Exercise when you can. This can include walking, swimming, dancing, yoga — whatever makes you feel good. Exercising and moving around will help you stay healthy and feel better. And it can lower your stress, reduce backaches, prevent **constipation** and **varicose** (large, dark colored) **veins**, and improve your mood and your sleep.

How your baby is developing

The Second Trimester

(About 13 to 27 weeks pregnant)

By the end of your 2nd trimester, you've almost made it to the halfway mark of your pregnancy. Your baby is continuing to grow and develop rapidly. During your 2nd trimester, you'll start to feel your baby move. Once your baby starts moving regularly, you should feel movement every day. If your baby's movements really slow down and you feel your baby moving less than 10 times over a 2-hour period, you should call your doctor.

How your body is changing

- You may be enjoying your pregnancy more — that early uncomfortable time of pregnancy may be finally wearing off.
- Your skin might be changing. This could include dark patches on your face, a dark line down the middle of your belly, and dry, itchy skin — especially on your belly.
- Your belly is growing. You may need to start wearing bigger clothes or maternity clothes.
- You might start to notice fluttering movements in your belly.

How your baby is developing

- Your baby's eyebrows, eyelashes, and fingernails are forming. Your baby now has his own unique fingerprint!
- Your baby can swallow, hear, and suck his thumb.
- Your baby's hair will start growing by the end of this trimester.
- Your baby will start sleeping and waking up on a regular cycle.
- Your baby weighs a little over 2 pounds and is about 14 inches long.
- Your baby's immune system is continuing to grow.
- If you're having a girl, all of her eggs will develop in her ovaries. If you're having a boy, his testicles will drop down from the abdomen into the scrotum.

Counting your baby's kicks

Feeling your baby kick for the first time is exciting!

Most pregnant women will start to feel their baby's movement between 18 and 25 weeks of pregnancy. As soon as you start to feel your baby move, take a moment to write about it in a journal or even in your phone. Write down when it happened. Write down what it felt like. Write down where you were when you felt the first kick. It will be fun to always remember it. And your doctor or nurse might ask about it.

When you get toward the end of your 2nd trimester or early in your 3rd trimester, your nurse or doctor might suggest that you set a regular time every day to count your baby's movements. This is another great way to monitor your baby's health and development.

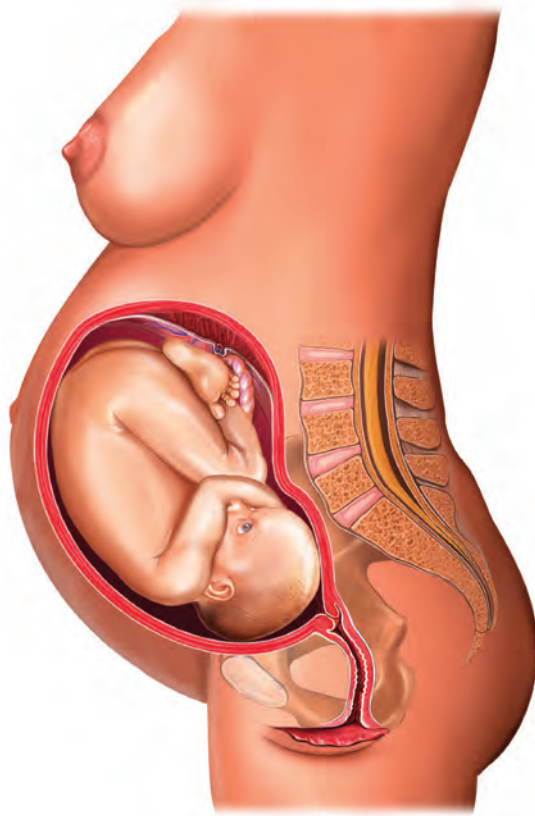
The best way to record your baby's movements is with a chart. You can include kicks, swishes, rolls, and jabs in your chart. Your Parent Coach can give you a worksheet to do this or you can download an app to track this on your phone. A **kick count chart** can look like this:

Day	Date	Start time	Stop time	Minutes to reach 10 kicks
Monday	8/25	10:00 a.m.	10:50 a.m.	50 minutes
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

How your baby is developing

The Third Trimester

(28 weeks to birth)



Bonding tip

Sing to your baby while you rub your belly. Your baby recognizes your voice, and you'll start to notice your baby reacting to it. Your baby might begin to move around or kick when she hears your voice. You can even keep singing these same songs to your baby after she is born.

Health tip

Toward the end of your 3rd trimester, you might begin to feel very tired again. Try to rest when you need to. Also, eat a healthy diet with small, frequent meals or snacks, and drink plenty of water. (See pages 18–21 for more about healthy eating.)

How your baby is developing

The Third Trimester

(28 weeks to birth)

You are entering the final weeks of your pregnancy. Your 3rd trimester begins at 28 weeks and ends once you have your baby — at about 40 weeks. You've already done so much to make sure that you and your baby stay healthy. During these last weeks, your baby (and your belly) will grow a lot.

How your body is changing

- It might get harder to sleep and get comfortable because of your growing belly.
- It might get harder to breathe. This is because your baby is getting bigger and might be pushing up on your lungs.
- Your breasts are continuing to grow. They might start to have a milky discharge.
- You might need to go to the bathroom more often. This is because your growing baby is putting pressure on your bladder.
- You might feel something that feels like **labor pains**. These are called **Braxton Hicks contractions**, and they're very normal to feel. They could begin in your 2nd trimester, but they're most common in your 3rd trimester. These are “practice” **contractions**. If you get them, you'll likely feel your uterus muscles tighten up for several seconds to a couple of minutes. You are most likely to feel them if you're moving around a lot, if you are **dehydrated** (very thirsty), if your bladder is full and you need to go to the bathroom, or with sexual activity. Learn more about Braxton Hicks contractions on the next page.

How your baby is developing

- Your baby can hear and recognize your voice. She may even respond to music and singing.
- Your baby is practicing grabbing and sucking. She may be sucking her thumb.
- Your baby will have eyelashes and eyebrows by the end of your 3rd trimester. Your baby might be developing a full head of hair, or might be born bald.
- Your baby's fingernails and toenails have grown to the tips of her fingers and toes.
- Your baby is most likely moving so that her head will be pointing down toward the end of your 3rd trimester. The head might be on your **pubic bone**.
- Your baby's lungs are the last major organ to finish developing. Other organs and body parts are now formed and working.

Remember: Keep paying attention to your baby's movement with your kick count chart.

How your baby is developing

The Third Trimester

(28 weeks to birth)

What is the difference between Braxton Hicks contractions and normal labor contractions?

Braxton Hicks contractions	Normal labor contractions
Slightly uncomfortable muscle tightening in your belly and uterus	Pain in your belly and lower back
Irregular, unpredictable, and do not get stronger over time	Closer and stronger over time
Generally go away or get better by changing positions or taking a short, warm bath	Continue or become stronger even after walking or changing positions
No vaginal discharge, bleeding, or leaking fluids	May have vaginal discharge or leaking blood or water

If you have vaginal discharge or are bleeding or leaking fluids before your 38th week, call your doctor or clinic.

Apply for paid family medical leave.

Do you work and want to apply for paid family leave or pregnancy-related disability? Your claim must be submitted within 41 days after you stop working in order to receive benefits. You might be able to get payments from disability insurance starting four weeks before your due date.

Apply at www.edd.ca.gov.

Common pregnancy discomforts

Being pregnant can be exciting. But your body is going through many changes. Some of the changes can be uncomfortable. Below are some common discomforts you may have during your pregnancy and suggestions on what you can do to feel better.

Remember: Every woman and every pregnancy are different. If you have specific questions or are worried about anything you're feeling, contact your doctor or clinic.

Common discomfort	What you can do to feel better
Morning sickness , including nausea and vomiting (throwing up) which can happen any time of the day or evening	<ul style="list-style-type: none"> • Eat crackers before you get out of bed. • Eat small, frequent meals. • Eat something with protein, like a piece of hard cheese, before going to bed.
Minor cramping as your uterus and ligaments stretch	<ul style="list-style-type: none"> • Change positions slowly, and avoid sudden movements. • Try a pregnancy support belt. • Get plenty of rest.
Heartburn (burning in your chest or acid in your throat after you eat)	<ul style="list-style-type: none"> • Avoid big meals. • Avoid greasy, spicy foods.
Constipation (when it's hard to poop) and hemorrhoids (when it hurts to poop or when you bleed when you poop)	<ul style="list-style-type: none"> • Drink plenty of water. • Eat foods that are rich in fiber, like whole grains, fruits, and vegetables. • Try to walk or increase your exercise. • Avoid pushing if you're constipated.
Frequent urination (peeing often)	<ul style="list-style-type: none"> • Keep drinking and don't limit your fluids. It's normal to need to pee often when you're pregnant.
Backaches	<ul style="list-style-type: none"> • Rest with your feet up on a couch, another chair, or the bed. • Use good posture. • Do back exercises, like pelvic rocks (see next page).

Common pregnancy discomforts

Common discomfort	What you can do to feel better
Stuffy nose or a bleeding nose	<ul style="list-style-type: none"> • Drink a lot of fluids. • Use a humidifier. The inside of your nose might be swollen and dry.
Feeling off balance	<ul style="list-style-type: none"> • Wear flats or shoes with low heels.
Difficulty sleeping or finding a comfortable position for sleeping	<ul style="list-style-type: none"> • Use extra pillows under your belly and between your legs.
Feeling tired and sleepy	<ul style="list-style-type: none"> • Try to exercise each day. • Take naps or lie down at least once a day.
Leg cramps	<ul style="list-style-type: none"> • Bend your foot up toward you. Don't point your toes! • Go for frequent walks. • Make sure you're getting enough calcium.
Swollen and dark veins (varicose veins) and swollen feet and ankles	<ul style="list-style-type: none"> • Raise your feet and legs whenever possible. Use a stool or box to rest your legs on when you're sitting, and keep your feet elevated on a pillow when you're lying down. • Don't cross your legs or ankles when sitting. • Don't sit or stand still for long periods of time without taking breaks to move around.

Pelvic rocks



Warning signs during pregnancy

Your body will change a lot during your pregnancy. Knowing what is normal and when you need to call your doctor or clinic right away can be confusing.

Call your doctor or clinic immediately if you have:

- Sharp pains or **cramps** in your belly or your back
- Regular contractions or labor pains, whether or not you are close to your due date
- Bleeding from your vagina, fluid leaking or gushing from your vagina, pain or burning while you're peeing, or discharge from your vagina that burns, itches, smells badly, or is green or yellow
- A very small amount of pee, and especially if you have been throwing up a lot or had diarrhea
- A bad headache that won't go away with rest or Tylenol
- Dizziness, spots in your eyes, or blurry vision
- Body parts that swell suddenly, including your hands, feet, or face
- Suddenly gained weight. It is normal to gain some weight during pregnancy, but if you gain weight quickly (like 2 pounds or more in a week) or are gaining more than a pound a week over a few weeks, you should speak with your doctor.
- A fever above 100 degrees Fahrenheit or chills
- Noticed that your baby has stopped moving or is moving much less than usual



If you cannot reach your doctor or clinic, go to the emergency room at the closest hospital immediately. A doctor will decide how serious your symptoms are and if you need to stay in the hospital.

If you have a **miscarriage**, you are not alone. More than 1 out of 10 pregnancies end in a loss. Your Parent Coach can help you learn more. You can also learn more at Postpartum Support International: www.postpartum.net

Early (premature) labor

Some women may go into labor early.

Early labor is also called **premature labor**. Women who go into labor before they are 37 weeks pregnant are in premature labor.

Babies born too early can have serious health problems. They also may need to stay in the hospital longer. Babies can be born early if labor starts early or if their **water bag** breaks. The water bag is the sac of fluid that surrounds your baby during pregnancy. It protects your baby and gives her room to move around.

Sometimes there are reasons why it's safer for the mom or the baby if the baby is born early. But the earlier the baby is born, the more chances there are for health complications and even dying early.

Taking good care of yourself can help prevent having your baby early. But, in some cases, your baby might be born early, even if you are doing everything right.

Here are some reasons for having your baby early:

Personal and family history

- You were born more than 3 weeks early.
- You weighed less than 5½ pounds when you were born.
- You went into labor early, had **pre-eclampsia**, or had a **premature** baby in an earlier pregnancy. Pre-eclampsia is when you develop **high blood pressure** while you're pregnant or after giving birth. Low-dose aspirin can help prevent pre-eclampsia. Talk to your doctor to see if you should take it.
- Your mom or sister gave birth early because of pre-eclampsia.

Stresses at home or at work

- You work long hours and have to stand for a long time at work.
- You are around poisonous **chemicals** at work or at home. This could include working in nail salons, dry cleaners, or gardens or fields where **pesticides** are sprayed.
- You don't have access to a lot of fruits and vegetables. You eat a lot of foods that are high in fat and sugar.
- You smoke cigarettes, drink alcohol, use marijuana, or use other drugs.
- You live or work in an abusive environment.
- You are stressed about money, health insurance, transportation, childcare, and more.

Current medical or pregnancy concerns

- You are younger than 18 or older than 35.
- You were pregnant less than 1½ years ago.
- You are pregnant with twins.
- You were overweight or underweight before you got pregnant.
- You have or have had depression, high blood pressure, diabetes or **gestational** (pregnancy-related) **diabetes**, heart disease, **blood clots**, or certain infections that **viruses**, bacteria, or **parasites** caused.
- You have bleeding during your pregnancy, too much fluid in your water bag, **placenta previa** (when your placenta is partially or completely covering your **cervix**), or other abnormalities in your cervix or uterus.
- Your baby has **birth defects**.

Early (premature) labor

How can I reduce my chances of having my baby early?

Talk to your doctor or nurse. Ask questions.

- Tell them about your medical, pregnancy, and family history. Ask questions about what they recommend. Ask if you should get special care while you're pregnant.
- Go to all of your prenatal visits, even if you feel well. This is important so that your doctor or nurse can check you for high blood pressure, diabetes, or other problems.
- Ask your doctor or nurse what signs you should look for to identify that you might be having a problem. Ask when and how you should contact them if you have questions.

Stay healthy.

- Avoid sick people and foods that can make you sick.
- Get your flu shot if your doctor or nurse says it's safe for you to get it.
- Ask your doctor to test you for a **vaginal infection** if you have itching, burning, or a fishy smell when you pee. If your doctor gives you antibiotics for an infection, take them.
- Go to the dentist if you have swelling or pain in your gums or bleeding when you brush your teeth or floss. Tell your dentist that you're pregnant. If your dentist gives you antibiotics for an infection, take them.
- Gain the amount of weight that your doctor or nurse recommends.

Make lifestyle changes.

- Take your assigned breaks at work. Sit down. Or, if possible, lie down with your feet up.
- Eat a healthy diet. Eat breakfast, and don't skip meals. Stay away from fast foods and **fatty foods**. (Learn more on pages 18–21.)
- Avoid poisonous chemicals that you might be around at home or work.
- Do not smoke, drink alcohol, or use drugs. Stay away from **secondhand smoke**.

Manage your stress.

- Talk with your Parent Coach or someone else you trust if your home is violent.
- Rest, exercise, and talk to someone who makes you feel good. (See pages 36–37 for more ideas.)
- Go to all of your prenatal visits. Your doctor or nurse can tell you about resources in your community that might be helpful.

Early (premature) labor



Signs of premature labor

If you feel any of these signs before your 37th week of pregnancy, call your doctor right away or go to the hospital:

- Contractions (labor pains) that make your belly feel tight every 10 minutes or more often
- Pain or pressure in your lower back
- Feeling like your baby is pushing down
- Bleeding, or watery, pink discharge from your vagina
- A trickle or gush of fluid from your vagina

There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Eating healthy during pregnancy



It's important to eat healthy foods during your pregnancy. This will help your baby grow and develop.

The amount of food you should eat depends on how tall you are, how much you weighed before you became pregnant, how quickly you gain weight, how old you are, and how hungry you are. Your doctor or **midwife** will talk with you about how much weight you should gain while you're pregnant.

For most women, you won't need to eat more food during your 1st trimester than before you were pregnant. During your 2nd and 3rd trimesters, you'll probably only need to eat 1–2 small healthy snacks or a few hundred calories extra per day — depending on your pre-pregnancy weight. It's best to gain weight slowly over the weeks of your pregnancy.

Suggestions for healthy eating during your pregnancy

Morning sickness and throwing up while you're pregnant can make it difficult to keep a healthy diet. But try to eat a well-balanced diet and take prenatal vitamins.

You can create your own plan using the tool at [ChooseMyPlate.gov/MyPlatePlan](https://www.choosemyplate.gov/MyPlatePlan). You can also ask your doctor to refer you to a registered **dietician** who can help you create a meal plan that fits your needs.

Below is a sample chart of what a pregnant woman who needs 2,000 calories each day could eat.

Food group	Amount per day	Examples
Fruit 	2 cups	<ul style="list-style-type: none"> • Fresh fruit • Frozen or canned fruit • Juice ($\frac{3}{4}$ cup = 1 serving) <p>Try to choose whole fruit instead of juice. Make sure to wash your fruit before you eat it.</p>
Vegetables 	2½ cups	<ul style="list-style-type: none"> • Cooked vegetables • Raw vegetables. <p>Try to eat dark green or orange vegetables every day. Make sure to wash your vegetables before you eat them.</p>
Bread, Grains, and Cereals 	5–6 servings	<ul style="list-style-type: none"> • 4 crackers = 1 serving • 1 slice of bread = 1 serving • 1 tortilla = 1 serving • $\frac{3}{4}$ cup dry cereal = 1 serving • $\frac{1}{2}$ bagel = 1 serving • $\frac{1}{2}$ English muffin = 1 serving • $\frac{1}{2}$ cup cooked cereal = 1 serving • $\frac{1}{2}$ cup of rice or noodles = 1 serving <p>Try to eat whole-grain foods.</p>
Proteins 	2–3 servings	<ul style="list-style-type: none"> • 1 egg = 1 serving • $\frac{1}{2}$ cup of beans or lentils = 1 serving • $\frac{1}{2}$ cup of tofu = 1 serving • 2–3 ounces of chicken, turkey, fish, beef, or pork = 1 serving <p>Stay away from raw or undercooked meat, seafood, and eggs. They might have parasites and bacteria that can cause infections and harm you or your baby. When you eat meat or poultry, choose low-fat options.</p>
Dairy 	2–3 servings	<ul style="list-style-type: none"> • 1 cup of milk = 1 serving • 1 cup of yogurt = 1 serving • $\frac{1}{2}$ cup of cottage cheese = 1 serving • 1½ ounces of cheese = 1 serving <p>Choose mostly non-fat or low-fat dairy products. Stay away from soft, unpasteurized cheeses, like feta, brie, gorgonzola, queso blanco, queso fresco, and panela. These have a bacteria that can be dangerous for your baby.</p>

Eating healthy during pregnancy

It's important to eat enough **vitamins** and **minerals** each day. Below are some examples of how you can add them to your diet.

- *Choose at least one source of **vitamin C** every day.* This can include oranges, grapefruit, strawberries, honeydew, papaya, broccoli, cauliflower, Brussels sprouts, green peppers, tomatoes, and mustard greens.
- *Choose at least one source of **folate** every day.* This can include dark green leafy vegetables (like collard greens, spinach, or kale), legumes (like black beans, black-eyed peas, lima beans, and chickpeas), or cereals or bread that have **folic acid** added. Eggs are also high in folate.
- *Choose at least one source of **vitamin A** every other day.* This can include carrots, pumpkins, sweet potatoes, spinach, water squash, turnip greens, beet greens, apricots, and cantaloupe.
- *Choose at least three servings of foods high in **iron** each day.* This can include breakfast cereals, chicken without the skin, beef or pork with the fat removed, tofu, spinach, lentils, and beans. If you have anemia, it's especially important to eat plenty of these foods. Be sure to also get plenty of vitamin C. This vitamin will help you better absorb iron. (For a list of foods that are a good source of vitamin C, see the first bullet on this page.)
- *Choose foods high in enriched fiber.* This can include whole-grain bread, pasta, rice, cereal, oatmeal, beans, fruit, and vegetables.

Limit salty, sweet, and fatty foods.

- Try to cut back on how much salt, sugar, and fat you eat each day. Do your best not to add too much salt or sugar to your food.

Take a prenatal vitamin every day.

- You should take a prenatal vitamin to make sure you get enough vitamins, minerals, and folic acid every day. Your doctor can recommend an over-the-counter brand or prescribe one for you. Make sure to also drink 8–10 glasses of water a day (40–55 oz). Your body needs more water than normal to support your baby's healthy development.

Have you signed up for WIC yet?

WIC is a program that gives you money for healthy foods. It's for pregnant women, women who have just had babies, their infants, and their young children. It also provides education about healthy eating, nutrition, and breastfeeding. WIC stands for Women, Infants, and Children.

If you haven't signed up yet, call 888-942-9675 to see if you qualify.

Eating healthy during pregnancy

Not feeling well and don't know what to eat?

You might have morning sickness, diarrhea, or constipation. It might be hard to keep foods down without throwing up. Or you might feel too sick to even eat at all. Here are some suggestions to help you:

- **Morning sickness (which can happen at any time of day):** Eat crackers, cereal, or pretzels before getting out of bed. Eat small, frequent meals all day long. Stay away from fatty, fried, spicy, and greasy foods. Eat something with protein, like a piece of hard cheese, at bedtime.
- **Constipation:** Eat more fresh fruit and vegetables. Also, drink 6 to 8 glasses of water each day. Taking fiber supplements might also help, but you should ask your doctor first.
- **Diarrhea:** Eat applesauce, bananas, white rice, oatmeal, wheat bread, boiled or baked potatoes (peeled), and skinless baked chicken.
- **Heartburn:** Eat small, frequent meals throughout the day. Try drinking low-fat milk before eating. Stay away from coffee and other drinks and foods with caffeine (including dark chocolate). Stay away from drinks with **citrus** in them, like orange juice and lemonade. Also stay away from spicy foods.

If you are craving ice or non-food items, like laundry starch, clay, or dirt, talk to your doctor or to your dietician at WIC.



Gestational diabetes

Gestational diabetes is a kind of diabetes that can develop during pregnancy (gestation). About one out of 8 pregnant women will have gestational diabetes.

Gestational diabetes causes high **blood sugar**. It can affect your pregnancy and your baby's health. Just like other types of diabetes, gestational diabetes affects how your cells use and break down sugar.

Many pregnant women can manage their gestational diabetes by eating healthily and exercising. But if you have gestational diabetes, you and your baby are more likely to have certain complications. Some of these complications mean:

- You might go into labor early.
- Your baby might be bigger than most babies, which can lead to a complicated birth.
- Your baby might have trouble breathing when he or she is born.
- Your baby might be born with low blood sugar.

If you have gestational diabetes, your blood sugar will probably return to normal shortly after you have your baby. The most important thing you can do to have a healthy pregnancy is to follow your doctor or nurse's advice. This includes sticking to your meal plan, monitoring your blood sugar, exercising regularly, and going to all your prenatal appointments. You should also be tested for **type 2 diabetes** about 6-13 weeks after you have your baby.

If you have gestational diabetes, ask your doctor or nurse for more information. You should also ask to be referred to a local Sweet Success program to get help managing your diabetes during pregnancy.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Substances to avoid

Your baby is depending on you to live a healthy lifestyle. The choices you make about food, medicine, and other substances can directly impact your baby's health and how he or she develops. If any doctors, nurses, dentists, or other health care professionals prescribe any medicines for you, make sure to tell them that you're pregnant.

The following pages list substances you should avoid or limit how much you're around while you're pregnant. If some of them are hard to avoid, talk to your Parent Coach to try and make a plan.



In your environment

Chemicals

Some chemicals can harm your baby. Call Mother2Baby at 866-626-6847 if you have questions about chemicals in certain products. This can include cleaning products, paint, paint thinner, glue, sprays, nail polish, nail polish removers, certain hair products, and pesticides.

Lead

Lead can cause your baby to be born too early or too small. It can also cause health and learning problems. Lead can be found in some paint, dust from peeling paint, some toys, some pottery, soil, some Mexican candy, and other items.

Cat litter

Cat litter can contain a parasite that can cause a miscarriage or a very serious infection in your baby. Babies born with this infection can become blind, deaf, or have brain damage. **If you have a cat, make sure someone else cleans the litter box while you're pregnant.**

In your food

Mercury

It's healthy for you and your baby if you eat some fish while you're pregnant. But it's very important to avoid certain kinds of fish. This includes sushi, ceviche, and fish that is high in **mercury**, like shark, tilefish, swordfish, and king mackerel. Too much mercury can cause brain damage and hearing and vision problems for your baby.

But you can eat fish that is low in mercury 2-3 times per week. Fish and seafood that are safe to eat while you're pregnant are salmon, tilapia, Pollock, shrimp, catfish, and some tuna fish. If you're going to eat tuna fish, choose "chunk-light tuna" because the other kind (albacore) has more mercury.

Caffeine

Too much caffeine can increase your chances of having a miscarriage. It's best to limit coffee to about one medium-sized cup (no more than 12 ounces) each day or stay away from it completely. Also, remember that soda, tea, dark chocolate, and some other foods and drinks can have caffeine in them.

Certain foods

You and your baby have a higher risk of getting food poisoning when you're pregnant than at other times. This is because of the changes happening in your body. One way to reduce your chances of getting food poisoning is to wash your hands very carefully when you're preparing food.

You should also make sure not to eat these foods:

- Raw or undercooked meat, including hot dogs
- Raw fish, including shellfish (like oysters and clams) and sushi
- Raw eggs or anything with raw eggs (including cookie dough, eggnog, and certain salad dressings and sauces)
- Cold cuts and sandwich meats (like bologna, roast beef, and turkey)
- Raw or unpasteurized milk and other dairy products. (Most milk is pasteurized, and if it's not, the label will say so.)
- Unpasteurized fruit juice and apple cider. (Most fruit juices and ciders are pasteurized, and if they're not, the label will say so.)
- Raw sprouts (like mung beans and alfalfa, clover, and radish sprouts)
- Raw flour (like in cookie dough)
- Soft cheeses (like Mexican-style cheese, feta, Brie, and blue cheese)
- Meat spreads and pâté

Alcohol, tobacco, marijuana, and other drugs

If you have been drinking, smoking, or using drugs, ask for help right away. You can call the SAMHSA (Substance Abuse and Mental Health Services Administration) National Helpline at 800-662-4357. You can also find free services in L.A. county by calling 844-804-7500. Or ask your Parent Coach for other organizations that can help you.

Cigarettes, tobacco smoke, and vaping – including secondhand smoke

Smoking or being around these types of smoke might cause your baby to be born sick, too early, or too small.

Alcohol

Drinking alcohol when you're pregnant can harm your baby's body and brain development. This damage can last for your baby's entire life.

It can also lead to early delivery, birth defects, a low birth weight, and intellectual disabilities. There is no known safe amount of alcohol to drink while you're pregnant.

Marijuana, including edibles, smoking, vaping, and secondhand smoke

Using marijuana while you're pregnant can slow down your baby's brain development. It can also cause your baby to be born early or be too small at birth. It can possibly cause your baby to die before he or she is born.

Marijuana is legal to buy and use in California, but it's not safe to use while you're pregnant.

Learn more about marijuana in the chapters on feeding (page 109) and health and safety (page 153).

CBD products, including oils and extracts

Using CBD may affect how your baby's brain develops. CBD is one of the ingredients in marijuana.

Herbal remedies

Taking herbs and natural remedies can have risks for you or your baby. Ask your doctor or nurse before using any.

Street drugs, including cocaine, ecstasy, and meth

Using street drugs can cause miscarriages, early delivery, and birth defects. It can also cause your baby to be born too small and to have behavior problems. It is not safe for your baby if you use street drugs while you're pregnant.

Over-the-counter and prescription medicines, including opioids

Only take medicines that your doctor has told you are safe. If you are taking any medicine for any reason, talk to your doctor or nurse about what is safe for you and your baby.

Sex and STIs during pregnancy

It's common to wonder if having sex while you're pregnant is safe. It is — unless your doctor or nurse tells you not to. When you're pregnant, your baby is protected by fluid, by your belly, and by a plug that keeps him or her safe from infections.

The ways you want to have sex might change when you're pregnant. This is because the area between your vagina and anus is very sensitive when you're pregnant. Also, it's common to have hemorrhoids while you're pregnant so you may want to stay away from anal sex. If you do have anal sex, take extra precautions. Most importantly, pay attention to your body, make adjustments, and talk to your partner so that you can both enjoy sex while you're pregnant.

STIs and STDs during pregnancy

You have the same risk of getting an STI or STD when you're pregnant as when you're not pregnant. An STI is a **Sexually Transmitted Infection**. An STD is a **Sexually Transmitted Disease**. These are infections and diseases that you can get or give to someone else during sex.

If you're pregnant, you should get tested for STIs and STDs, including **HIV**. This should happen at your prenatal checkups.

STIs and STDs can lead to complications in your pregnancy. They can also lead to serious problems for your baby. This can include an early birth or your baby dying before he or she is born. They can also lead to problems that you might not discover for months or years after your baby is born. Most of these problems can be prevented by not having sex or having safe sex (including using condoms), and by going

to your regular prenatal appointments. Learn more about STI and STD prevention methods on page 87.

When sex during pregnancy might not be safe

Sex might not be safe during pregnancy if you have certain pregnancy complications now or if you've had them in the past. Talk to your doctor or nurse if anything on the list below applies to you:

- You're pregnant with twins, triplets or more.
- You had a miscarriage in the past or have a high risk of having a miscarriage in this pregnancy.
- You had a premature baby in the past or you have signs that you might have an early delivery with this pregnancy.
- You have an **incompetent cervix**. This is when your cervix opens too early during pregnancy, which can cause you to have early labor. Women who have this may not have symptoms, or there may be a change in the amount or color of discharge from your vagina. An incompetent cervix can be related to having a shorter cervical length, which your doctor can detect during an ultrasound.
- You have placenta previa. This is when your placenta is very low in your uterus and covers all or part of your cervix. Most women learn that they have this during a routine ultrasound. It can lead to serious bleeding and other complications later in pregnancy.

Call your doctor or go to the closest emergency room if you have heavy bleeding, painful cramps, or are leaking fluid after you have sex.

Dental care during pregnancy

It's important to take care of your teeth and your gums while you're pregnant. It can reduce the risk of:

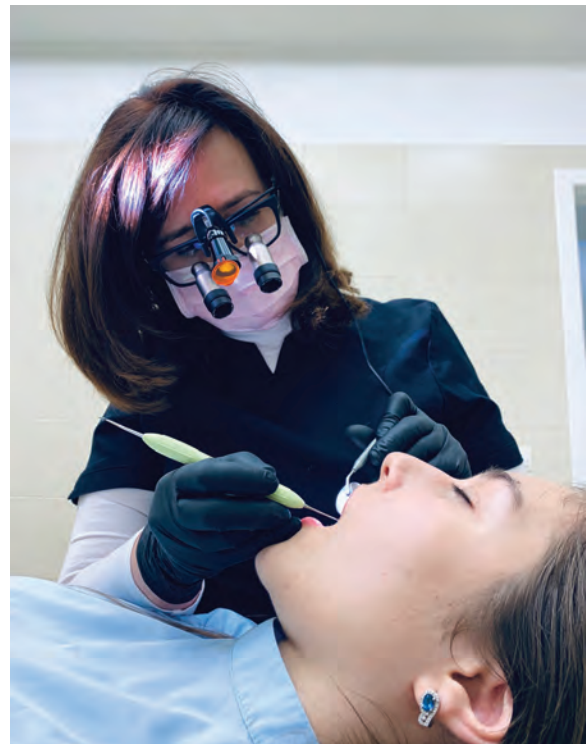
- A premature baby or low-birth-weight baby
- Early **cavities** for your baby. (See page 151 to learn more.)
- Losing your teeth or having **tooth decay**
- Bleeding gums and pain

It's also important to get a dental checkup when you're pregnant. Many pregnant women do not go to the dentist because they believe or have heard that X-rays and dental treatment are not safe during pregnancy. This is not true. It's important to find any problems with your teeth as early as possible.

You can safely get dental care — including dental X-rays — when you're pregnant. It benefits the mother and the baby. Dental care during pregnancy can help prevent giving birth early.

Your Parent Coach can help you find a dentist who you can see while you're pregnant. Or you can ask your OB/GYN for a referral. To keep your teeth and gums healthy, you can:

- Drink water or low-fat milk instead of juice and soda.
- Eat fewer sweets, like candy, cookies, or cake.
- Floss before bedtime.
- Rinse your mouth out with water if you throw up.
- Brush your teeth twice a day. Use a soft toothbrush and toothpaste with fluoride.
- Replace your toothbrush after you've been sick or had any infection.



Preparing to feed your baby

As you get closer to giving birth, it's a good time to think about how you'd like to feed your baby. There are many reasons why families choose to either breastfeed their babies or use formula. The following pages will give you information so that you can make the best decision for you, your new baby, and your family.

Breastfeeding

Doctors, nurses, and dieticians very strongly recommend **breastfeeding**. Below are some reasons.

It's good for your baby.

- Breastfeeding protects babies from many illnesses and infections. Babies who use formula have a higher chance of having ear infections, colds, asthma, allergies, bronchitis, childhood diabetes, and more.
- Breastmilk has all of the nutrients that your baby needs — in the right amounts. Babies who use formula are more likely to be overweight or obese.
- Breastmilk is easy for babies to digest. Formula is more likely to cause your baby to be constipated, have diarrhea, and throw up.
- Breastmilk helps a baby's brain and vision develop better than formula.

It's good for moms.

- Breastfeeding can help you develop a strong bond with your baby.
- Breastfeeding can help prevent you from getting several types of cancer, including breast cancer.
- Breastfeeding helps you recover faster after you give birth. It might also help you lose your pregnancy weight more easily.
- Breastfeeding is convenient because you can feed your baby anywhere and anytime since your milk is always ready. If it makes you feel more comfortable, you can wear a loose shirt or cover up with a blanket for more privacy when you are in public.

Breastfeeding has many benefits. But it's normal to feel concerned about being able to breastfeed and what it will be like. The next pages have some facts and resources to help you.

Breastfeeding means feeding your baby directly from your breast or feeding your baby with a bottle of breast milk.

You have the right to breastfeed in public.

In California, there is a law that gives women the right to breastfeed anywhere that a mother and child are allowed to be.

Breastfeeding facts

The truth

Breastfeeding should not be painful.

Most women can make enough milk.

Your milk will not flow as well if you are stressed.

Your breastmilk contains everything your baby needs.

Backup facts

It's normal to be tender in the beginning. After that, pain is common, but not normal. When your baby is positioned and latched on well, breastfeeding should not hurt. If it hurts, ask for help with how to position your baby and getting him to **latch** better.

Your Welcome Baby Nurse and Parent Coach are trained to help you with this.

Women can make enough milk by:

- Making sure the baby is latched on well
- **Nursing** whenever the baby shows signs of being hungry. (See page 93 for more information.)
- Avoiding bottles and pacifiers, especially in the first month

If you are still worried that you aren't making enough milk, talk to your doctor, nurse, Parent Coach, or staff at WIC.

Your milk may not flow as easily as usual if you are very tense or stressed, but it will not be bad or dry up. Take a few deep breaths, relax, and your milk will flow.

Your breastmilk will have everything your baby needs, even if you don't eat well. But it's still a good idea to keep a healthy diet while you're breastfeeding.

Sometimes what you eat might affect your baby. This is the case if your baby has a sensitivity to dairy or other foods. You will know if this is the case if your baby has **colic** (crying or fussing for a long time), a rash, and is also throwing up.

Breastfeeding facts

The truth

You can eat spicy and “**gassy**” **foods** if you want as long as your baby doesn’t have a reaction.

Breastfeeding is good for the first year of your baby’s life, and even longer.

Women with any sized breasts can make enough milk.

All babies can learn to want their mother’s breasts.

There are safe medicines and alternatives for you to take while breastfeeding.

Backup facts

You don’t need to avoid certain foods unless you notice that your baby has a reaction to them. As your baby gets bigger, her reaction to certain foods may go away.

Breastmilk is helpful for your baby for as long as you breastfeed. Experts recommend breastfeeding for at least your baby’s first year. The longer you breastfeed, the better it is for your baby’s health and development, including past her first year.

Breast size does not have anything to do with the amount of milk you make. The more you breastfeed, the more milk you will make.

Try not to give your baby bottles or a pacifier for her first month. Some babies have a harder time latching onto a breast because they’re used to a bottle or pacifier, and it takes work to get milk out of a breast.

If your baby is not latching on well, ask your Parent Coach or Nurse for help.

Talk to your doctor about all of the medicines, nutritional supplements, or herbs you take. Some of these might be safe to use while you’re breastfeeding, but some might be harmful.

Preparing to breastfeed

As you get closer to having your baby, it's important to get ready to breastfeed if that's what you plan to do. Below are things you can do to get a strong start on breastfeeding. You can also read Chapter 7 starting on page 91 for more information and tips.

Before the baby comes

- Talk with your Parent Coach and other breastfeeding moms.
- Attend breastfeeding classes or support groups.
- Tell your doctor or nurse that you want to breastfeed.

In the hospital after delivery

- Hold your baby directly on your naked chest. This is called **skin-to-skin**. Your partner can do this too.
- Start breastfeeding within an hour of having your baby. (See pages 94-95 for information on how to breastfeed.)
- Tell your nurses that you want to breastfeed. Also tell them that you don't want to give your baby any bottles or pacifiers.
- Keep your baby in your hospital room with you at all times. This will help you know as soon as your son or daughter is hungry.
- Be patient. You will know your baby is eating when his mouth is open wide and he has all of your **nipple** and some of your **areola** in his mouth. This is called an **asymmetrical latch**. This may take a few tries. Remember, your baby is learning to eat for his first time!
- Ask for help, and especially if you're in pain. There are breastfeeding specialists in the hospital who can help you.
- Have a breastfeeding plan and tell the medical staff at the hospital what it is. This is the best way to make your plan happen.

A bottle or pacifier can make breastfeeding harder.

- If you give bottles with formula to your baby, you might make less milk. This is because your breasts are stimulated to make milk when your baby breastfeeds. The more you breastfeed, or **pump** your breasts, the more milk your body produces.
- If you give your baby bottles and pacifiers, he might get confused. This is because babies suck on bottles and pacifiers differently than your breast. This can make breastfeeding painful. It also can cause your nipples to become sore or cracked.

There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Notes

CHAPTER 2

Emotional Health During Pregnancy

TOPICS

What you may be feeling | Emotional health of dads and partners
Self-care worksheet | Getting your other children ready for your new baby
Support from your partner and others | Your safety



Words to know

It will be helpful to get familiar with these words as you read this chapter. You can find each term in the glossary at the end of the book.

- Hormone
- Meditate
- Miscarriage
- Mood swings
- Prenatal
- Prenatal vitamins
- Secondhand smoke



There's more online!

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Your feelings during pregnancy

Being pregnant can be an exciting time. But it can also bring challenges and fears.

Your body is changing every day. This means that your **hormone** levels are changing, and this can affect your mood and emotions. Expectant fathers and partners might also be experiencing new emotions.

This can lead to a lot of stress for you and your partner. Other issues might also add to your stress. These include:

- **Health concerns**

- Not feeling well during your pregnancy
- Worrying about your baby's health and medical test results
- Existing health problems that you or a family member have
- New health routines and lifestyle changes
- Fear about giving birth or breastfeeding

- **Social concerns**

- Not feeling supported from your partner or family
- Concerns about housing
- Wondering how your other children will react to a new sibling
- Worrying about being a “good mother” or a “good father”
- Worrying about money
- Mixed feelings about being pregnant — especially if it wasn't planned

- **Mental health concerns**

- Grieving the loss of a previous pregnancy, **miscarriage**, or family member
- Stress at work
- A past history of trauma (highly stressful events like domestic violence, substance abuse, or not having basic needs met)

Being pregnant and having a new baby is a major adjustment. You might feel excited, happy, sad, or worried — or all of those things. To stay healthy, it's important to eat well, exercise, sleep, and get help from someone you trust.

Emotional health of dads and partners



Having a partner who is pregnant brings a lot of adjustments. Dads and partners may also feel excited, happy, sad, or worried. They might also feel isolated or alone. It's common for dads and partners to be worried and feel stressed about money. They might also feel burdened by loss of family members or trauma they've had in the past.

Pregnancy and having a new baby can be one of the most difficult times in a couple's relationship. If a father or partner feels stressed, they might put less effort into the relationship.

If your partner's emotions get worse for long periods of time, it might mean they are depressed or anxious. This is also true if your partner starts to drink too much or use drugs — or if they aren't interested in your pregnancy. If this happens, talk about it with your Parent Coach, doctor, or nurse.

There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Big changes affect everyone

It's natural to feel stressed, sad, or worried when our lives feel overwhelming. Mood changes and sadness are also normal when you're pregnant. But if you're sad or worried for long periods of time — or if you're having trouble with your daily routine — you might be depressed or have a more serious mental health condition. Don't be afraid or embarrassed to talk to your Parent Coach, doctor, or nurse about this. They can help you bounce back and manage your stress.

Let your Parent Coach or other health care provider know if you or your partner have these feelings:

- Sadness for 2 weeks or more
- Very little energy, the desire to sleep all the time — or not being able to sleep at all
- Not wanting to eat at all or eating too much
- Feeling like nothing will ever get better
- Not being interested in fun things
- Being angry, worried, overwhelmed, confused, ashamed, guilty, or disoriented
- Major **mood swings**, going from feeling very happy to very sad or irritable
- Seeing or hearing things that are not there

Some pregnant women want to harm themselves or their baby. If you feel this way, please ask for help right away. The L.A. County help line is available any time at 800-854-7771, or text LA to 741741. Or you can call the Suicide Prevention and Crisis Support Hotline at 800-784-2433.



Team up with your Welcome Baby Parent Coach

If you feel depressed or stressed, talk to your Parent Coach. She can give you helpful resources.

The next page has a list of things you can do to feel better and limit your stress. It's important for you and your baby to be physically and emotionally healthy. The best thing that you can do for your baby is to take care of YOU!

Self-care worksheet

Here are some things you can do to help yourself.



1. Take care of your body.

- Eat regular meals, including breakfast, lunch, and dinner.
- Eat healthy foods, including your snacks.
- Exercise daily — going for a walk counts!
- Go to all of your **prenatal** appointments, even if you feel healthy.



2. Take care of your mind.

- Write in a journal or start one for your baby.
- Accept help from people.
- Ask questions.
- Say “no” to extra responsibilities sometimes.
- Talk positively to yourself. Tell yourself that your body is strong and that you are taking good care of your baby.



3. Take care of your spirit.

- Spend time with people you like and who support you.
- Think about how you're feeling.
- Find a spiritual connection or community — or spend time in nature.
- Meditate** or try prenatal yoga.
- If you have other children, play with them.
- Sing.

Self-care worksheet



4. Take care of your goals and hopes.

- ❑ Be realistic. Don't expect too much too soon.
- ❑ Hold off on big decisions until you're feeling better.
- ❑ Break your goals into small steps. Give yourself credit for each thing you do. This could include getting enough sleep or eating healthier meals.

You can practice breaking your goals into small steps like this chart shows.

Goal	1st Step	2nd Step	3rd Step	4th Step
Get enough sleep.	Eat dinner earlier.	Do the dishes right after dinner.	Stop watching T.V. half an hour earlier than usual.	Go to bed 30 minutes earlier than usual.
Eat healthier meals.	Pick one meal that will be healthier this week.	Read Chapter 1 of this book for a list of healthy food ideas.	Think about what's realistic to cook or buy.	Shop for or prepare your healthy meal.

Getting your other children ready for your new baby



When it's getting close to the time for you to have your baby, you might be worried about how your other children will feel. This is normal. But you can help your other children get ready for their new sibling. Here are some ideas:

- Let your children listen to your belly and feel the baby kicking.
- Read books to your kids about having a new brother or sister. Talk to them about being a big brother or sister.
- Tell them stories about when they were babies and show them pictures.
- Ask your children to pick out what their new sibling will wear home from the hospital.
- Talk to your children about what will happen when you're in the hospital. Tell them how long you'll be away and who will take care of them when you're gone.
- Tell your children that the new baby will need a lot of your attention. Talk about ways they can help you, like bringing you clean diapers at changing time or bringing you water to drink while you're breastfeeding.
- Remind your children that you will always love them!

This is a time of change for everyone. Your children might be excited or scared, just like you and your partner. They will need extra hugs, kisses, and attention to help them feel secure with these changes.

Talk to your Parent Coach about this. She can talk to you about more ways to prepare your children for their new sibling.

Support from your partner and others

When you're pregnant, it's especially important to have people who support you. This can include having someone to talk to who understands what you're feeling, someone to encourage you to take good care of yourself, or even someone to help you with housework and chores.

Some women get this support from their partner, husband, family or friends. If you're a single mom, it's important to find people who can help while you're pregnant and after you have your baby. Your Parent Coach may be able to connect you with support groups of other moms like you.

You might want support and help in different ways. This can include asking someone to:

- Go to prenatal appointments with you
- Go for walks with you
- Help with housework
- Run errands for you, like grocery shopping or going to the laundromat
- Listen to you talk about your fears and excitement
- Create a safe and healthy space for your baby once he or she is born

Your baby's father or your partner can also support you in many ways. This can include:

- Going with you to parenting, breastfeeding, and childbirth classes
- Helping you to eat a healthy diet by shopping and cooking for you
- Bonding with your baby by talking or reading to your belly every day. Your baby may come to recognize that voice.
- Protecting you and your baby from **secondhand smoke**. If your partner smokes, this is a good time for them to try to quit. Your Parent Coach can give them resources to help with that. If they can't quit, they should not smoke near you.
- Reminding you to take your **prenatal vitamin** each day — and picking them up from the pharmacy for you

There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



No one has the right to hurt you

No one deserves to be hurt. When you're pregnant, you're more at risk of your partner or other people hurting you. One reason for this is that pregnancy can make people feel stressed and worried.

There are different ways someone can abuse you. They include physical, verbal, emotional, sexual, and economic abuse.

Ask yourself these questions:

- Are you scared of your partner's temper or a family member's temper?
- Do you agree to do things because you do not want your partner or family member to get mad?
- Has your partner or anyone else ever kicked, hit, or shoved you?
- Has your partner or anyone else ever stopped you from seeing friends or spending time with your family? Does your partner threaten to take your other kids away?
- Do you feel isolated and alone?
- Does your partner or anyone close to you drink or use drugs and then hurt you or say hurtful things?
- Does your partner or anyone close to you threaten to keep money from you?

If you answered yes to any of these questions, you may be in an abusive relationship. This is not your fault. But it's important for you to get help for yourself and for your baby.



You can talk to your Parent Coach.

If you feel like your life or your baby's life is at risk, call 911.

To get help with an ongoing situation, call the L.A. County Domestic Violence Hotline at 800-978-3600, or the National Domestic Violence Hotline at 800-799-7233. They both answer the phone 24 hours a day, every day.

Notes

Notes

CHAPTER 3

Giving Birth

TOPICS

Hospital packing list | Your birth plan | Preparing to give birth
Stages of labor | Understanding medical procedures and drugs | NICU



Words to know

It will be helpful to get familiar with these words as you read this chapter. You can find each term in the glossary at the end of the book.

- 4-1-1 pattern
- Amniotomy
- Analgesic
- Anesthetic
- Antibiotic
- Assisted vaginal delivery
- Birth canal
- Birth plan
- Blood pressure
- Bloody show
- Bowel movement
- Braxton Hicks contractions
- Breech position
- Catheter
- Cervix
- Cesarean section (C-section)
- Clots
- Continuous monitoring
- Contraction
- Cope
- Cord prolapse
- Cramp
- Crowning
- Delivery
- Dilate
- Doula
- Due date
- Duration
- Eclampsia
- Edema
- Elective induction
- Epidural
- Episiotomy
- Fallopian tubes
- Fetal monitor
- Fiber
- Frequency
- Fundus
- Golden hour
- Group B Strep (GBS)
- Heart rate
- Hematomas
- Inducing labor
- Intermittent monitoring
- IV fluids
- Labor
- Labor induction
- Labor pains
- Lightening
- Lochia
- Membrane
- Midwife
- Mucus plug
- Nesting urge
- Newborn (or Neonatal) Intensive Care Unit (NICU)
- Ovaries
- Oxytocin
- Pelvis
- Perineal area
- Perineum
- Pitocin
- Placenta
- Placenta previa
- Placental abruption
- Postpartum
- Practice labor
- Prostaglandins
- Pubic area
- Pulse
- Saline lock
- Shoulder dystocia
- Sitz bath
- Skin-to-skin
- Spinal headache
- Squirt bottle
- Stitches
- Stool softener
- Suppository
- Transverse position
- True labor
- Umbilical cord
- Uterine rupture
- Uterus
- Vaginal labor
- Vertebrae
- Warm compress
- Water bag
- Witch hazel



There's more online!

Point your phone camera to this box or visit [LABestBabies.org/Parenting](https://www.LABestBabies.org/Parenting) for more information on the topics covered in this book.

What to pack for the hospital

The time has come to prepare to go to the hospital. Below is a list of some things you might want to remember to pack and bring with you. Many women like to pack their bag about a month before they're due. That way, everything will be ready when it is time to go. Remember though: If you have a normal **delivery**, you will only be in the hospital for a day or two. If you have a **C-section** with no complications, you'll probably be in the hospital for 2–4 days.

Toiletries

- ❑ Toothbrush, hairbrush, face wash, and other bathroom items for you and your partner or support person
- ❑ Eyeglasses, contacts, and contact lens solution
- ❑ Chapstick
- ❑ Oils or lotions for massaging

Clothes for you

- ❑ Bathrobe to wear during **labor** and after you've had your baby
- ❑ Maternity clothes to wear home — you'll still look pregnant
- ❑ Socks and slippers
- ❑ Nursing bra

Clothes and items for your baby

- ❑ A going-home outfit for your baby, including a onesie, pants, socks, and warm hat
- ❑ Receiving blankets
- ❑ An approved car seat to bring your baby home in; learn more: safekids.org/car-seat

Additional important items

- ❑ Mobile phone with camera and relaxing music — and don't forget the charger!
- ❑ Insurance card, photo ID, and hospital paperwork
- ❑ Photos or items to look at during labor to help you breathe and relax
- ❑ Massage tools, including a tennis ball in a sock or a massage roller
- ❑ Snacks for your partner or people supporting you
- ❑ Your completed **birth plan** (see the next page)
- ❑ A baby book for your baby's footprints

Make a plan for the other children in your home. Who will take care of them while you're in the hospital? Will someone pick them up or will you need to drop them off somewhere? Remember to pack a bag for them too. Try to include something comforting for them, like a favorite outfit, toy, or stuffed animal.

What else do you want to remember to bring?

My birth plan

Your birth plan will let your hospital, doctor, and nurses know your wishes while you're in labor and delivering your baby. Think about what's important to you. Then, write it down. Talk about it with your doctor or nurse at your next prenatal appointment. Also, make sure to talk about it with your partner or anyone who will be at the hospital with you.

Take your birth plan to the hospital with you. Remember though: Things can change at the last minute if there are any complications.

Below is a birth plan that you can fill out.

In this section, fill in the blanks with the names of people you'd like to include.

My labor support person will be _____.

I also want _____ and _____ to be with me during labor and delivery.

If I need a C-section, I would like _____ to be with me. I would like _____ to cut the cord.

I want _____ to take pictures during the birth.

I want _____ to video the birth.

In this section, put an "X" in the box next to each statement that is true for you.

- | | |
|---|---|
| <input type="checkbox"/> I want to speak with a nurse about who will be with me during labor and delivery (in case there are changes to what I listed above). | <input type="checkbox"/> I want to hold my naked baby on my bare skin right after he or she is born. |
| <input type="checkbox"/> I want a natural childbirth without any drugs. | <input type="checkbox"/> I want to breastfeed my baby within 30 minutes of having him or her. |
| <input type="checkbox"/> I do not want an IV if I don't need one. | <input type="checkbox"/> I want to only breastfeed and not use a bottle or formula. |
| <input type="checkbox"/> I want my baby's heartbeat to be monitored less often if there is a 30-minute period that shows everything is OK. | <input type="checkbox"/> I want to delay my baby's eye treatment and any shots until after the "golden hour." |
| <input type="checkbox"/> I want an epidural during labor. | <input type="checkbox"/> I want my baby to stay in my room with me as much as possible. |
| <input type="checkbox"/> I want to walk and move around as much as possible during labor. | <input type="checkbox"/> I want a Welcome Baby Hospital Liaison to come to my room after I give birth. |
| <input type="checkbox"/> I would like to be in a shower or bath during labor. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I would like to see my baby being born. | <input type="checkbox"/> Other _____ |

Mother's Signature

Preparing for your baby's birth

The next pages will explain the stages of labor and birth. They'll also explain what to expect and how you can **cope**. This information only includes the basics. In birthing classes, you'll learn much more about what it's like to give birth. You'll also practice breathing and relaxation techniques. It is strongly recommended that you attend birthing classes. Your Parent Coach can help you find one.

As you get close to the end of your pregnancy, you may have some questions about having your baby. You might be asking yourself:

- How will I know if it's real labor?
- When should I go to the hospital?
- What can I expect during labor?
- How will I deal with the pain?



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Preparing for your baby's birth

Labor pain

Each birth can be different, even for the same woman. Some women can tolerate more pain than others.

If you're scared, that can make giving birth more difficult. This is because you'll be tense and will tighten up your muscles. And the more you tighten your muscles, the more pain you'll have.

Pain from being in labor is different than other pain, like when you're sick or injured. Labor pain is normal, positive, and productive. It will come and go. In between each **contraction**, you'll have time to rest. A contraction is when the muscles in your **uterus** tighten up like a fist and then relax. Contractions help push your baby out.

As soon as your baby is born and the **placenta** (afterbirth) is delivered, you'll be done with labor. But you'll still continue to **cramp** every so often. This cramping helps stop any bleeding once you've delivered the placenta.

It's important to understand the birthing and labor process. If you understand it, you might be less scared. You can do this by:

- Taking birthing classes
- Practicing the breathing and relaxation techniques that you learn in birthing classes
- Finding a support person who will be reassuring and helpful when you're in labor



Part of preparing for labor is thinking about how well you handle pain. You can also think about what you would like your birth experience to be. Ask yourself these questions:

- How well do I see myself coping with labor?
- What are my previous experiences with pain?
- How involved do I want to be in making decisions about pain medicine?
- Do I want to use pain medicine or avoid using it?

Preparing for your baby's birth

Before labor begins

Toward the end of your pregnancy, you'll begin to notice signs that your body is preparing for labor and birth. These signs could include:

- **Braxton Hicks contractions:** These are early contractions. They mean that your body is getting ready for **true labor**. They might feel like your uterus is tightening or like you're having cramps. Read more on page 11.
- **Lightening:** This is when your baby drops into position so that he or she is ready to be born. This can happen a few weeks before labor or during labor. After it happens, you might be able to breathe more easily — but you also might need to go to the bathroom more often.
- **Nesting urge:** This may be a burst of energy that makes you want to clean or get ready for your baby. Try not to overdo it. You need to save your energy for labor.
- **Mucus plug:** This is when the mucus that is protecting your baby starts to come out. It might come out slowly, or it might come out in large amounts. It could look like a thick, stringy discharge. It is also called a "**bloody show**" because the discharge can have streaks of blood in it. If you see bright red blood, like your period, call your doctor or nurse, or go to the hospital.
- **Digestive changes:** This is nausea or diarrhea that some women have when labor begins. You might feel like you want to throw up.

What if my water breaks?

Your water may break before you start to feel contractions. Or it might not break until you're in labor. Your "**water bag**" is the sac with the amniotic fluid that protects your baby.

For some women, it will be very obvious that their water is breaking because the water will gush out. For other women, it might just be a trickle. In either case, it is important to go to the hospital when your water breaks — even if you aren't having contractions yet.



How to know when you're really in labor

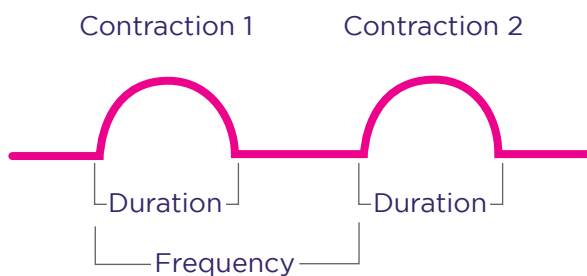
As your **due date** gets closer, it's important to know the difference between true labor and **practice labor**. You might have **Braxton Hicks contractions** (practice labor) during the last few months or weeks of your pregnancy. See page 11 for more about the differences between these types of contractions.

Timing your contractions

A contraction is when the muscles in your uterus tighten up like a fist and then relax. Contractions help push your baby out. You will need to time your contractions to see if they are becoming more regular. This will help you know when you need to go to the hospital.

When you time your contractions, you will need to keep track of two things: **frequency** and **duration**. You can do this with an app on your phone. Or just use a pen and paper and the timer on your phone (or a clock/watch with a second hand).

- Write down how many minutes pass between one contraction starting and the next one starting. This is your *frequency* of contractions. You'll measure it in minutes.
- Write down how many seconds each contraction lasts. This is the *duration* of your contractions. You'll measure it in seconds.



When to go to the hospital

- For contractions, go to the hospital when you have a **4-1-1 pattern**:
 - **4**: Your contractions are 4 minutes apart (frequency).
 - **1**: Your contractions last at least 1 minute (60 seconds in duration).
 - **1**: This pattern lasts for at least 1 hour.
- Or, go to the hospital if:
 - Your water breaks.
 - You are having bright red blood come out of you.
 - You have a headache that does not go away with Tylenol.
 - You have blurred vision or you see flashing lights.
 - You have a fever or chills.
- If you have **Group B Strep (GBS)**, go to the hospital a bit sooner. The hospital will need to give you an **antibiotic** at least 4 hours before you have your baby. Read more about GBS on page 2.

Inducing labor

Inducing labor, or **labor induction**, is when you try to start labor before it begins on its own. Usually labor is induced if there is a risk for your health or your baby's health. But sometimes there are other reasons to induce labor. One reason is if the mother lives far away from a hospital. This is called an **elective induction**. You should not have an elective induction before your 39th week of pregnancy.

Your doctor or nurse might talk to you about inducing labor. There are different methods to induce labor. There are also risks to it. These methods and risks are described below.

Methods for inducing labor

- **Sweeping the membranes:** To start labor, your doctor can sweep your **membranes**. This means that she will reach inside your vagina and **cervix** and “sweep” her finger between your bag of water and your uterus. This is also called “stripping the membranes.” Your doctor will wear a glove when she does this.

Your doctor can only do this if you have already started to **dilate**. It can be very uncomfortable. You might bleed or spot afterwards. If you know that you have Group B Strep in your vagina, tell your doctor and ask about the risks.

- **Breaking the water:** Your doctor or nurse might check you into the hospital so that they can break your water. This is called an **amniotomy**. Your doctor or nurse does this to start your contractions or to make them stronger. Usually this only happens when your cervix is already dilated and thinned. It also usually only happens when your baby's head has moved down into your **pelvis**.
- **Medicine called prostaglandins:** Your doctor or nurse might check you into the hospital so that they can give you medicine called prostaglandins. This will help to start your contractions. Usually you take this medicine at night so that your labor will start in the morning. You would take it either as a regular pill or as a **suppository** in your vagina.
- **Medicine called pitocin:** Your doctor or **midwife** may give you medicine called pitocin. You would take this in the hospital. This medicine is given through an IV (a tube that is connected to your vein). It may be given after you have taken prostaglandins.

Risks of inducing labor with medicine

- If your uterus gets too stimulated, your contractions might become too frequent. This can cause your baby's **heart rate** to change.
- You and your baby might have a higher risk of infections.
- You might have a higher risk of your uterus tearing (rupturing).

C-sections

A C-section is when you deliver your baby through cuts that your doctor makes in your belly and uterus. This is also called a **cesarean section**.

A C-section can save your life or your baby's life. This is important if a vaginal birth is not safe or not possible for you or your baby. C-sections are almost always safe and quick. But they are still a major surgery. You should try to only have one when it is absolutely necessary — they are not for convenience.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Types of C-sections

Reasons for C-section

Planned (scheduled) C-sections

A planned C-section is scheduled before you go into labor. It is usually close to your baby's due date.

Reasons for a planned C-section

- **Placenta previa:** The placenta is blocking your cervix.
- **Breech position:** Your baby's feet or butt are where the head should be — facing the opening of the **birth canal**.
- **Transverse position:** Your baby is lying sideways.
- **Medical problems:** You or your baby have a condition that might make labor unsafe. An example might be an outbreak of herpes when labor starts.
- **Multiple babies:** You are having twins, triplets, or more.
- **Previous C-section:** You had a C-section for another baby and your cut was done in a way that makes it unsafe for you to have a vaginal birth for this baby.

Unplanned C-sections

An unplanned C-section might become necessary after you have already gone into labor.

Reasons for an unplanned C-section

- Your baby's head will not fit through your pelvis.
- Your baby's heart rate is not normal.
- Labor is not progressing. Your cervix is not dilating any further.
- Your baby moved into a position that will make a vaginal birth too difficult or impossible.

Emergency C-sections

An emergency C-section can happen anytime during your pregnancy or labor.

Reasons for an emergency C-section

- Heavy bleeding from your vagina during or before labor. This can be caused by:
 - A tear in the **umbilical cord**.
 - A tear in the wall of your uterus. This is called **uterine rupture**.
 - The placenta is blocking your cervix. This is called "placenta previa."
 - The placenta has separated from your uterus. This is called **placental abruption**.
- The umbilical cord slips through your cervix before your baby's head does. This is called **cord prolapse**.
- Your baby's heart rate drops, or rises very quickly.
- You have a pregnancy complication that causes seizures with high **blood pressure**. This is called **eclampsia**.

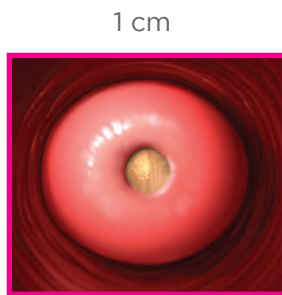
What happens during vaginal labor and delivery

It's important to know what to expect during labor and delivery. The more you know, the better prepared you'll be.

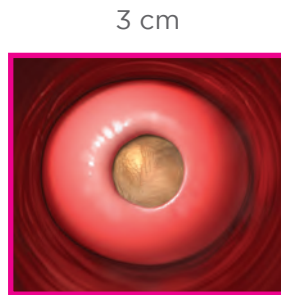
1st Stage: Early Labor

Early labor	What you might experience	What to do
<p>This stage starts when true labor begins. It lasts until your cervix is opened (dilated) to 3 centimeters (cm).</p> <p>This usually takes 7-8 hours.</p> <p>It's best to stay home during this time.</p>	<ul style="list-style-type: none"> • Contractions will be 5-15 minutes apart. They'll each last 30-40 seconds. • Contractions will be mild. They may feel like period cramps. • You might have diarrhea. • You might feel excited. • You might be talkative. 	<ul style="list-style-type: none"> • Stay relaxed, rest, and save your energy — you will need it soon. • Breathe normally. Don't start your breathing techniques yet because they can tire you out. • Eat light snacks and drink clear liquids. • Time your contractions and write down how long they last (duration) and how much time is in between them (frequency).

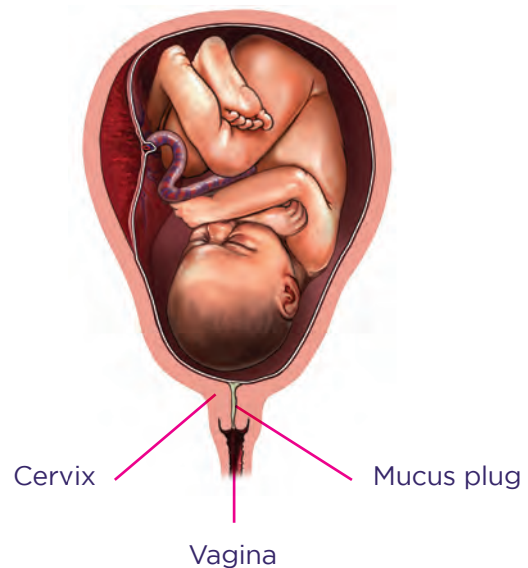
Dilation in early labor: 0 cm to 3 cm



1 cm: A Cheerio



3 cm: Slice of banana



What happens during vaginal labor and delivery

2nd Stage: Active Labor

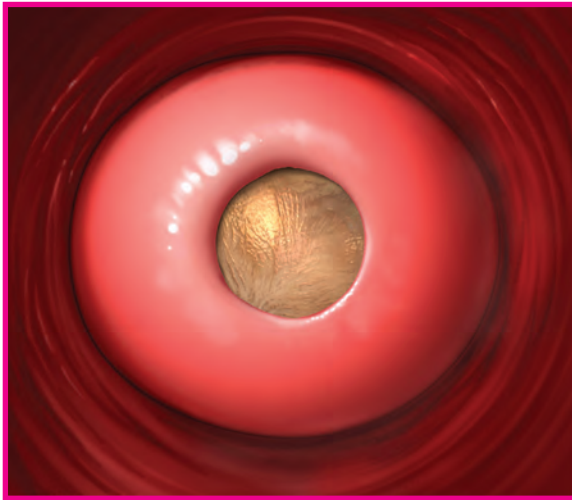
Active labor	What you might experience	What to do
<p>Your cervix will dilate from 4–7 cm.</p> <p>This usually takes 4–5 hours.</p> <p>Go to the hospital when your contractions are 4–5 minutes apart.</p>	<ul style="list-style-type: none"> • Contractions will be 3–5 minutes apart. They'll each last 40–60 seconds. • Contractions will get stronger and closer together. • You'll feel pressure or tightening in your pubic area. • You may throw up or feel like you need to. • You might sweat and have a dry mouth. • You might start to feel restless and have a harder time staying relaxed. 	<ul style="list-style-type: none"> • Use your breathing and relaxation techniques during and between contractions. Try not to fight the contractions. • Gently massage your belly in between contractions. You or your partner can do this. • Ask your partner or support person to gently put pressure on your lower back. • Choose something relaxing to focus on, like a picture. This will take your mind away from the pain. Visualize your labor being over. • Go to the bathroom every 1–2 hours so that your bladder is empty. • Try to stay comfortable. Pillows can help. • Use heat or cold on your lower back. • Take a shower or warm bath. • Walk as much as you can. • Change positions often, including standing, squatting, being on your hands and knees, kneeling, lying on your side, sitting on a birth ball, and sitting backwards on a chair. • Suck on ice chips or hard candy.

What happens during vaginal labor and delivery

2nd Stage: Active Labor

Dilation in active labor: 4 cm to 7 cm

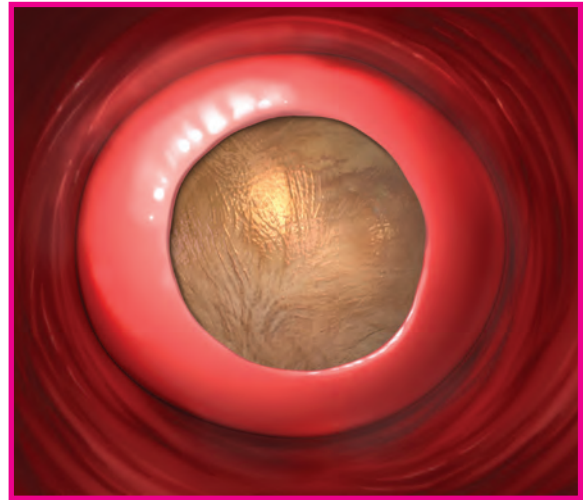
4 cm



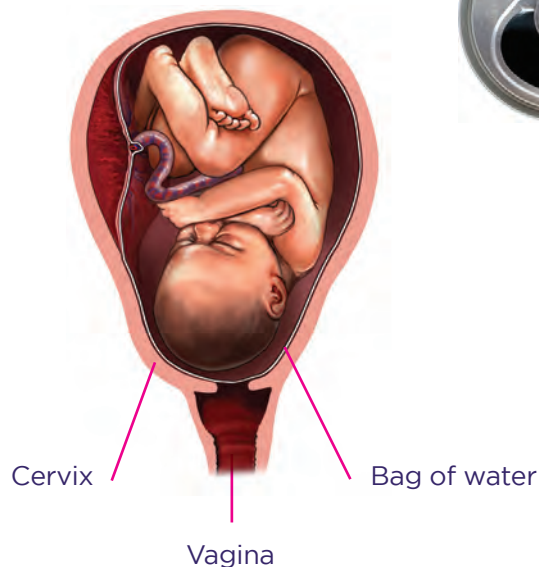
4 cm: About the size of a cracker



7 cm



7 cm: The top of a soda can



What happens during vaginal labor and delivery

3rd Stage: Transition

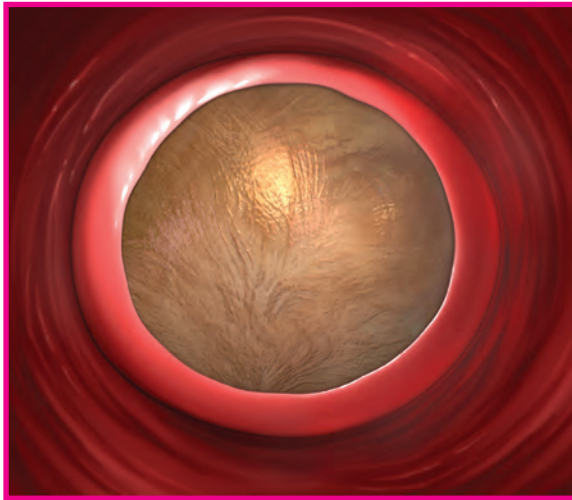
Transition	What you might experience	What to do
<p>Your cervix will dilate from 8–10 cm.</p> <p>This usually takes 30 minutes to 2 hours.</p> <p>This is the most difficult phase. It is also the shortest phase.</p>	<ul style="list-style-type: none"> • Contractions will be 2–3 minutes apart. They'll each last 60–90 seconds. • You might feel out of control and discouraged. • Your legs might shake. • You might feel very hot or very cold. • You might feel like you need to poop or like you want to push your baby out. 	<ul style="list-style-type: none"> • Rely on your partner or support person to help you get through this phase. • Try to rest between contractions. • Change positions often. Try squatting, going on your hands and knees, lying on your side, or leaning forward. • Use your breathing techniques to avoid pushing. • Remember: This phase means that you will have your baby very soon!

What happens during vaginal labor and delivery

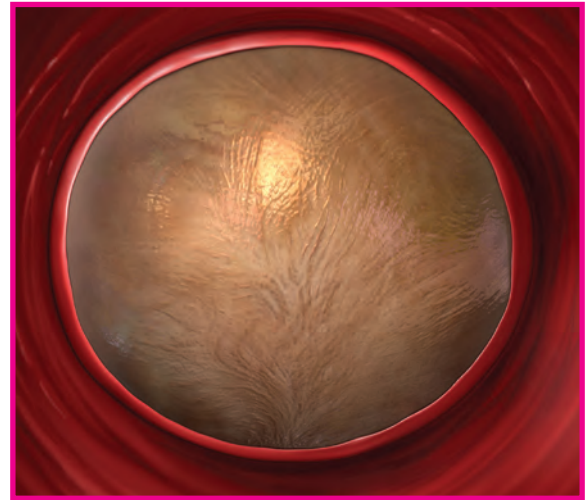
3rd Stage: Transition

Dilation in transition: 8 cm to 10 cm

8 cm

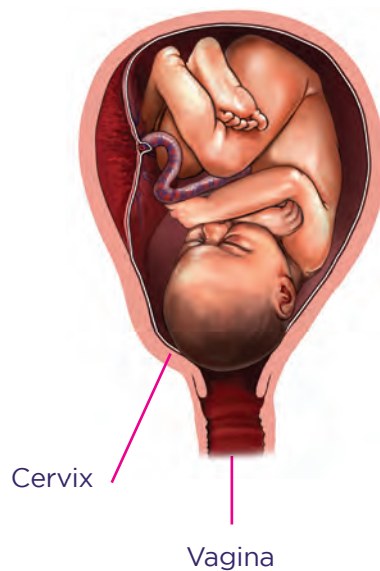


10 cm



8 cm: About the size of an orange

10 cm: A bagel

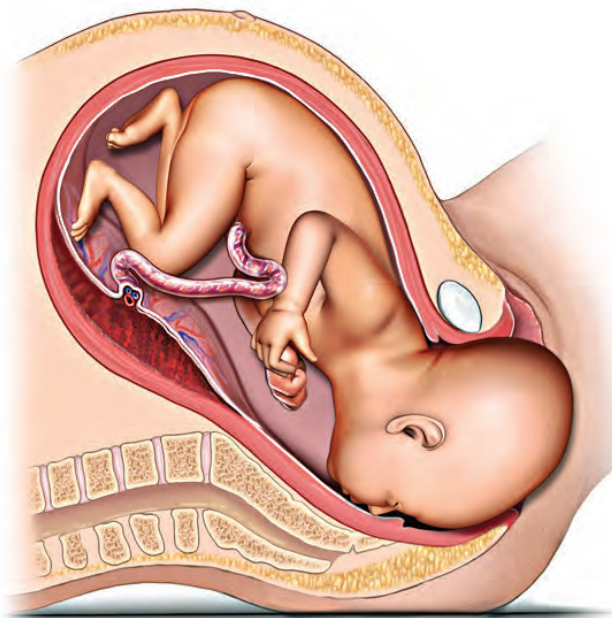


4th Stage: Pushing and Delivery

Pushing and delivery	What you might experience	What to do
<p>This stage starts when you are fully dilated. You will be dilated to 10 cm. It lasts until your baby is born.</p> <p>This usually takes a few minutes to 3 hours.</p>	<ul style="list-style-type: none"> • Your contractions may be less frequent. They will each last 60–90 seconds. • You will want to push. • It will feel like you need to go to the bathroom (unless you had an epidural). • You might have a bowel movement while you're pushing — this is normal. • Your legs might keep shaking. • Pushing might feel like a relief. • You might get your energy back. • You might have a stretching and burning feeling when the baby's head starts to come out. This is called crowning. • Your doctor, nurse, doula, or midwife might massage or hold warm wet towels at the opening of your vagina. This is to support your baby's head and so that you'll burn less. • Your doctor or nurse will support your baby's head as he or she is being born. • You might feel relief once your baby's head is out. Your doctor or nurse might ask you to stop pushing for a few moments. • When you have your next contraction, you will probably want to push. Your doctor or nurse will guide you as your baby's shoulders and body are coming out. • If you and your baby are doing well, your doctor or nurse might put your baby on your belly right away and cover him or her with a warm blanket. This will help keep your baby warm. 	<ul style="list-style-type: none"> • Get in an upright position. Your hospital bed will be propped up. Don't lay flat on your back. • Ask for cool washcloths or ice chips if you need to cool down. • Pant or blow if your doctor asks you to stop pushing.

What happens during vaginal labor and delivery

4th Stage: Pushing and Delivery



5th Stage: Delivering the Placenta

Delivering the placenta	What you might experience	What to do
<p>You will keep having contractions. These will help you push out (deliver) the placenta (afterbirth).</p> <p>This usually takes 5-15 minutes.</p>	<ul style="list-style-type: none"> • You may feel very happy now that your baby is here. • You may feel overwhelmed and tired. • Your contractions will slow down. 	<ul style="list-style-type: none"> • Ask to hold your naked baby on your naked chest. This is called skin-to-skin. • Put your baby on your breast to start nursing.

6th Stage: Early Postpartum Recovery

Early postpartum recovery

This usually lasts 2 hours after you deliver the placenta.

What you might experience

- Your uterus will continue to have cramps. These cramps are natural and will help slow down any bleeding.
- In the first couple of hours after you deliver the placenta, your nurse will watch for bleeding. Your nurse will also massage the top of your uterus (your **fundus**) and check your blood pressure and **pulse**. Your nurse will do this about 6–8 times.
- If you and your baby are both doing well, you will have the “**golden hour**.” This is when your naked baby will lie on your chest. You’ll also start breastfeeding at this time. This is your first chance to bond with your new baby.
- Nurses and other staff at the hospital will help you get up, walk, and go to the bathroom.
- If you had an epidural, nurses will take your **catheter** (tube) out. You should start feeling normal within a few hours.
- If you had an epidural, you might feel very sore when the medicine wears off.
- Your lower body may be stiff or sore from being in one position during your labor and delivery.
- You might have tears in your vaginal area and right below it. This is your **perineal area**. If you do, your doctor will give you **stitches**. It will take 7–10 days to heal, and you might be tender for a few weeks.

What to do

- Breastfeed your baby. This will help your uterus contract and bleed less.
- Use the **squirt bottle** from the hospital to clean your vagina before, during, and after going to the bathroom. Pat yourself dry afterwards instead of rubbing. It might feel strange to go to the bathroom, but it usually is not painful.
- Tell your nurse if your legs feel tingly, shaky, or numb.
- Start taking the pain medicines from your doctor or nurse. You’ll want to do this before your epidural wears off.
- Stretch and walk as soon as you can. It will help with stiffness. It will also help you feel more in control of your body again.
- Use a cold pack or chilled **witch hazel** pads to ease your pain. You can put these under a maxi-pad.
- Take a warm **sitz bath** for up to 20 minutes. You can do this up to 3 times a day to help with pain. You can also use a **warm compress**.
- Ask your doctor for medicine to numb the pain around your vagina. This kind of medicine is called an **anesthetic**.
- Sit on a donut-shaped pillow. This helps you put less pressure on your vagina and areas where you might be tender.

7th Stage: Postpartum Recovery

Postpartum recovery	What you might experience	What to do
<p>This lasts 1-6 weeks after you have your baby.</p>	<ul style="list-style-type: none"> You might have some swelling, called edema. This is because there is extra fluid in your body that can cause your feet, ankles, face, or belly to swell up. It usually lasts about one week, but it might last longer if you had pregnancy-related high blood pressure. You might bleed and have discharge from your vagina after you have your baby. This is called lochia. <ul style="list-style-type: none"> For the first 1-3 days after you have your baby, your lochia will be dark red. You might also have a few small clots. These should be smaller than a quarter. For the next 4-10 days, your lochia will be pinkish or brown. After your 10th day, your lochia will be light and yellowish or a cream color. Your lochia may change from creamy to brown – or to brown spotting when you start to exercise. This is your body's way of telling you to slow down, rest, and let your body heal. 	<ul style="list-style-type: none"> Drink plenty of water. Sit with your feet up, keeping them higher than your heart. Exercise lightly. Go on short walks. But listen to your body and avoid doing anything that hurts. Eat foods with plenty of fiber to make you “regular.” If you’re not going to the bathroom regularly, ask your doctor or nurse if you should use stool softeners. Use large hospital pads for the first few days after you have your baby. Then, switch to regular pads. Do not use tampons for at least 6 weeks.

Recovery

See the next chapter for more about healing and taking care of yourself as you recover from childbirth. You will also find tips on recovering from a C-section.

Understanding medical procedures and drugs

As you're getting ready to have your baby, you might start hearing about different medical procedures or drugs. Some of them are very common. Some might become necessary during labor. And sometimes, it's up to you if you use them or not. The most important thing is that you have a safe birth and a healthy baby.

The next few pages list some common medical procedures and drugs. There are more that you can learn about in birthing classes. You can also ask your Parent Coach, doctor, or nurse for more information.

Procedure or drug	Benefits	Risks and other options
<p>IV fluids: This is a solution made up of saltwater (saline) or sugar that flows through a tube into a vein on your arm or hand.</p>	<ul style="list-style-type: none"> • It will keep you hydrated. It will also make sure you have enough calories. • It will make it easier to give you medicine if you want or need it for pain. 	<ul style="list-style-type: none"> • It will be more difficult for you to move, walk, and change positions when you're in labor. • You might have soreness, swelling, and pain in your arm from the IV. <p>Other options:</p> <ul style="list-style-type: none"> • Sip water or juice, or suck on ice chips during your labor. • Ask for a saline lock. This is a small plastic tube (catheter) that gets inserted into your hand or arm. It gets sealed, but if you need an IV, a nurse can attach one quickly.
<p>Fetal monitor: These are 2 elastic belts around your belly. They measure your contractions and your baby's heartbeat.</p>	<ul style="list-style-type: none"> • You can see your contractions on the screen attached to the fetal monitor. • Your nurse and doctor can monitor your baby's heart rate. 	<ul style="list-style-type: none"> • It will be more difficult for you to move, walk, and change positions when you're in labor. <p>Other option:</p> <ul style="list-style-type: none"> • Ask your nurse or doctor to monitor you and your baby for a few minutes each hour instead of all the time. This is called intermittent monitoring instead of continuous monitoring.

Procedure or drug	Benefits	Risks and other options
<p>IV pain medication: This is a way to give you medicine to help with your pain. It is called an analgesic. It will not make you feel numb.</p>	<ul style="list-style-type: none"> • It will help with your pain. • It can help you relax between contractions. 	<ul style="list-style-type: none"> • It might make you throw up or feel tired, dizzy, or nauseous. • If you get it early in your labor, it can make labor last longer. • It could lower your blood pressure — and this could be dangerous for you and your baby. • It can make your baby sleepy when he or she is born. This might make it hard to breastfeed at first. <p>Other options:</p> <ul style="list-style-type: none"> • Use your breathing and relaxation techniques to get through labor pain. • Get an epidural.
<p>Epidural: This is a medicine that you get through a catheter (tube) in the spaces between the vertebrae in your spine. It is called an anesthetic.</p>	<ul style="list-style-type: none"> • It will take away or lessen the pain in your belly, lower back, and birth canal. • It will block you from feeling your contractions. 	<ul style="list-style-type: none"> • If you get it early, it can make labor last longer. • It can make it very difficult to push when it's time to deliver your baby. This means that delivery might last longer. • It can make it very hard to move, walk, and change positions. • It could lower your blood pressure — and this could be dangerous for you and your baby. • It can make your baby's heart rate drop. • You might build up too much fluid. This can make breastfeeding more difficult. • You might get a spinal headache. These typically begin between one day to one week after the epidural and may last several days. • It can lead to the use of pitocin to induce labor, or may make a C-section more likely. <p>Other options:</p> <ul style="list-style-type: none"> • Use your breathing and relaxation techniques to get through labor pain. • Ask for IV pain medicine.

Procedure or drug	Benefits	Risks and other options
<p>Pitocin: This is an artificial form of a hormone called oxytocin. Oxytocin is the hormone that causes your uterus to contract and start labor. Pitocin is given through an IV in your arm.</p>	<ul style="list-style-type: none"> • It will start (induce) your labor. It can also help speed up your labor if it has stopped or slowed down. 	<ul style="list-style-type: none"> • You need to be on a fetal monitor the entire time. This is called “continuous monitoring.” • It will make your labor pains stronger. • It can increase your risk of having a C-section. • It can increase the risk of your baby’s heart rate dropping. <p>Other options:</p> <ul style="list-style-type: none"> • To start labor, your doctor can “sweep” or “strip” your membranes. This means that she will sweep her finger between your water bag and your uterus. • To speed up labor, you can walk and get in an upright position.
<p>Episiotomy: This is a cut that your doctor makes in the area between your vaginal opening and your anus.</p>	<ul style="list-style-type: none"> • This surgical cut makes your vaginal opening larger. This will help your baby come out more quickly. 	<ul style="list-style-type: none"> • There is a chance that the cut could tear even more. • The cut can be painful while it’s healing. <p>Other options:</p> <ul style="list-style-type: none"> • Massage the area between your vagina and anus before delivery. This area is called your perineum. • Let your perineum tear naturally if it needs to tear. A natural tear will heal more easily. • Push in different positions. Don’t lie flat on your back while you’re pushing.
<p>Birth with a vacuum or forceps: This is very rare, and is also called an assisted vaginal delivery.</p>	<ul style="list-style-type: none"> • This helps your baby move through your birth canal. It also speeds up the birth. • You might need this assisted vaginal delivery if your baby is not moving through your birth canal while you are pushing. 	<ul style="list-style-type: none"> • This should not be used if your baby is less than 34 weeks. • This should not be used if your baby’s head is not at your mid-pelvis. (Your doctor can tell if this is the case.) • This could make it more likely that you’ll tear in your vagina and in the area between your vagina and anus (your perineum).

Procedure or drug	Benefits	Risks and other options
<p>Birth with a vacuum or forceps (continued):</p> <p>The vacuum is like a suction cup. It can be soft or stiff, and has a handle attached to it. The suction cup goes into your vagina and onto your baby's head. While you're pushing, your doctor or nurse gently pulls on the handle. Once you've had your baby, the vacuum is taken off of your baby's head.</p> <p>Forceps look like a pair of salad tongs. The doctor or nurse puts them on each side of your baby's head. While you're pushing, your doctor or nurse gently pulls on the forceps. This can help guide your baby's head through your birth canal.</p>	<p>Birth with a vacuum or forceps (continued):</p> <ul style="list-style-type: none"> You might also need it if your baby's heart rate is too low or too high. Or you might need it if it's dangerous for you to push. 	<p>Birth with a vacuum or forceps (continued):</p> <ul style="list-style-type: none"> You might have trouble peeing after you have your baby. You might pee or have a bowel movement without control. This may last a long time or short time after you have your baby. <p>The vacuum can have risks for your baby. These include:</p> <ul style="list-style-type: none"> Bruises or bleeding on or under your baby's scalp (called hematomas) Bleeding inside your baby's skull Bleeding inside your baby's eye Difficulty delivering your baby's shoulders (called shoulder dystocia) A fracture to your baby's skull <p>Forceps can also have risks for your baby. These include:</p> <ul style="list-style-type: none"> Injuries to your baby's face from pressure of the forceps Weakness in your baby's facial muscles Bruising on the outside of your baby's eyes A fracture to your baby's skull Bleeding inside your baby's skull Seizures for your baby <p>Forceps can also have risks for the mother. These include:</p> <ul style="list-style-type: none"> An injury to your bladder A tear in your uterus Weakening of muscles and tissue that support your uterus, ovaries, and fallopian tubes <p>Other options:</p> <ul style="list-style-type: none"> Change your position while you're pushing — try squatting or standing. Use pitocin to make your contractions stronger. Have a C-section.

NICU: When things don't go as you planned

If your baby has any health complications, he or she may get treatment in the **NICU**. NICU stands for **Newborn (or Neonatal) Intensive Care Unit**. If you have your baby before the 37th week, your baby will also probably be treated in the NICU.

It can be scary and upsetting if your baby is in the NICU. Seeing your baby attached to machines, wires, and tubes can feel frightening and overwhelming. Talk to your nurse about how you can touch, hold, and feed your baby.

If your baby is in the NICU, you have a higher chance of postpartum depression or anxiety. The baby's dad or your partner might also feel anxious, stressed, and scared. You and your partner should feel free to ask as many questions as you need to. It can also help to write down your thoughts and questions.

Ask for help from your family and other parents who are going through a similar situation. Your hospital might have parent support and education groups. You can also read more on pages 116-117 about how to bond with your baby in the NICU.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Notes

CHAPTER 4

Postpartum

TOPICS

Taking care of yourself after giving birth | Signs that your body may not be healing well | Healthy eating | Sex after pregnancy and giving birth



Words to know

It will be helpful to get familiar with these words as you read this chapter. You can find each term in the glossary at the end of the book.

- Abdomen
- Birth control
- Bowel movement
- Cervix
- Cesarean section (C-section)
- Clots
- Constipation
- Dehydrated
- Discharge
- Douche
- Engorged
- Episiotomy
- Family planning
- Hydrated
- Incision
- IV (intravenous)
- Marijuana
- Maxi-pad
- Nursing pads
- Peri bottle
- Perineum
- Postpartum period
- Squirt bottle
- Stitches
- Stool softener
- Uterus
- Wound



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.

Taking care of yourself after giving birth

Now that your baby is here, you're in your **postpartum period**. This is the time right after you've had your baby.

During your postpartum period, your body needs to recover. Here are some important ways to take care of yourself.

Breasts

- Wear a supportive bra. If you're breastfeeding, wear a nursing bra. Avoid wearing underwire bras.
- If your breasts get too full (**engorged**), breastfeed more often. It also helps to take a warm shower or put wet, warm towels on your breasts. If you aren't breastfeeding, put ice packs on your breasts.
- Use **nursing pads** to soak up extra milk that leaks from your breasts.

Belly and abdomen

- If you had a **C-section**, be patient with yourself. It can take up to 6 weeks before you feel back to normal. A C-section is major surgery. Plus, you're caring for a newborn baby. Be kind to yourself and take things slowly.

Rest and activity

- Try to sleep or rest when your baby sleeps.
- Don't lift anything heavier than your baby for 4 weeks if you had a vaginal birth. Don't lift anything heavier than your baby for 6 weeks if you had a C-section.
- It's good for you to start light physical activity, like walking. Fresh air is also good for you.

Bathing

- If you gave birth vaginally, it's fine to shower right away.
- If you had a C-section, follow your doctor's instructions.

Vagina

- After you go to the bathroom, wipe from the front to the back. If the hospital gave you a **squirt bottle** (called a **peri bottle**), use it to clean yourself after you go to the bathroom.
- Change your pad every time you go to the bathroom.
- It's normal to bleed and have **discharge** (leaking) after you have your baby.
 - For the first few days after you have your baby, you might have bright red, heavy bleeding with some **clots**.
 - By about the 4th day, your blood will probably be pinker and less heavy. If you start to bleed more or if you start to bleed bright red blood again after 4 days, you are doing too much. Rest more. (See the next page for more about bleeding.)
 - By about the 10th day, you might have discharge that is a yellowish-white color. It will disappear slowly after 2-4 weeks.
- If you have **stitches** from a cut or tear, they will melt away on their own.
- **Do not put anything into your vagina or anus for 6 weeks. Do not have sex, do not use tampons, and do not douche.**

Taking care of yourself after giving birth

Postpartum appointment

As soon as you can, call your doctor or clinic to schedule your 6-week postpartum appointment. This appointment will be about 6 weeks after you've had your baby.

It is very important to keep this appointment.

Your doctor or nurse will give you a complete checkup to see how you have recovered from childbirth. You can bring your baby with you. You can also use this appointment to talk about **birth control** and **family planning**.

Warning signs that your body may not be healing well

Call your doctor or nurse right away — or go to the hospital if you can't reach them — if anything on this list happens to you:

- You go through a large **maxi-pad** in one hour because you're bleeding so much or because you have blood clots that are bigger than a quarter.
- Your bleeding smells bad.
- You have pain, swelling, or a warm red area in your legs. This could mean you have a blood clot. Do not massage or rub it.
- You have pain while you're peeing, or you're peeing often but only small amounts are coming out.
- You have hard, painful, red lumps in your breasts.
- You have severe or constant headaches.
- You have problems with your vision, including blurring, dimming, seeing double, or seeing flashing lights.
- You are throwing up a lot.
- You have pain or swelling where you had your **IV**.
- You have severe or constant pain in your belly.

If you had a C-section, you should also look for signs of infection, such as:

- Redness that spreads around where you were cut
- A pus-like discharge coming from where you were cut
- Discharge that smells bad
- Chills or a temperature over 100.4°F
- Frequent or increasing pain in your belly or lower back

Taking care of yourself after giving birth

Rest time for you and your partner

Most newborns wake up about every 3 hours to be fed, changed, and comforted. This can be exhausting — especially for the mother.

It might be a few months before you're able to sleep a solid 8 hours. Here are some suggestions for getting more rest now:

- Ask your partner, a friend, or family member to help you around the house and with errands. For the first few weeks after you have your baby, your only responsibilities should be feeding your baby and taking care of yourself.
- Look for new ways to connect with your partner if you're new parents. If you're both at home together, you might do puzzles, take turns reading to each other and the baby — whatever activities you both enjoy.
- Try to sleep when your baby sleeps. This might only be a few minutes of rest several times a day, but these minutes can add up.
- Save steps and save time. Put your baby's bed near yours so that nighttime feedings are easier. (Read about safe sleep practices on page 126.)
- Excuse yourself to take a nap or feed your baby when you have company over. You don't need to entertain your family or friends who come to visit.
- Get outside for a few minutes each day to start light physical activity, like walking. Ask your doctor or nurse when you can begin doing other exercises.

Tips on healing after a C-section

- Take it easy. Don't lift anything heavier than your baby for 6 weeks.
- Accept help from friends and relatives who offer to do housework and run errands.
- Eat plenty of fruits, veggies, and fiber-rich foods to prevent **constipation**.
- Try not to sneeze, laugh, or cough too hard. Hold your belly when this happens.
- Follow your doctor's instructions about caring for the **incision** (where you were cut). Be sure to keep that area clean.
- Get advice from your doctor, nurse, or Parent Coach on how to put less pressure on your **wound** when holding and feeding the baby.
- Don't wear tight clothing or put body lotions over the wound.
- Try using a heating pad or warm washcloth on your belly.
- Talk to your doctor about what pain medicine you can take.

Eating healthy after giving birth

After you have your baby, it's important to continue eating well. Eating well will help you recover more quickly. You should also keep taking your prenatal vitamin every day.

If you're breastfeeding, you'll need more calories each day than new moms who aren't breastfeeding. The number of calories you need while you're breastfeeding depends on your height and weight.

Talk with your doctor or WIC counselor about what you should eat to support your breastfeeding. Also ask your doctor to refer you to a registered dietician for extra support.

The chart on the next page will help you know how much and what to eat each day, whether you're breastfeeding or not.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Foods	Amount per day if you are breastfeeding (based on a 2,400-calorie diet)	Amount per day if you are not breastfeeding (based on a 2,000-calorie diet)	Examples
<p>Fruits</p> 	2 cups	2 cups	<p>1 cup from the Fruits group counts as:</p> <ul style="list-style-type: none"> • 1 cup raw, frozen, or cooked/canned fruit; or • ½ cup dried fruit; or • 1 cup 100% fruit juice <p>Choose a variety of fresh fruit rather than juice most of the time.</p>
<p>Vegetables</p> 	3 cups	2½ cups	<p>1 cup from the Vegetables group counts as:</p> <ul style="list-style-type: none"> • 1 cup raw, or cooked/canned vegetables; or • 2 cups leafy salad greens; or • 1 cup 100% vegetable juice <p>Try to eat dark green or orange vegetables daily.</p>
<p>Bread, Grains, and Cereals</p> 	8 ounces	6 ounces	<p>1 ounce from the Bread, Grains, and Cereals group counts as:</p> <ul style="list-style-type: none"> • 1 slice bread; or • 1 ounce ready-to-eat cereal; or • ½ cup cooked rice, pasta, or cereal <p>Make half of your grains whole.</p>
<p>Proteins</p> 	6½ ounces	5½ ounces	<p>1 ounce from the Proteins group counts as:</p> <ul style="list-style-type: none"> • 1 ounce cooked/canned lean meats, poultry, or seafood; or • 1 egg; or • 1 Tbsp peanut butter; or • ¼ cup cooked beans or peas; or • ½ ounce nuts or seeds <p>Choose lower fat options like chicken, turkey, fish, and non-animal protein.</p>
<p>Dairy</p> 	3 cups	3 cups	<p>1 cup from the Dairy group counts as:</p> <ul style="list-style-type: none"> • 1 cup milk; or • 1 cup yogurt; or • 1 cup fortified soy beverage; or • 1½ ounces natural cheese or 2 ounces processed cheese <p>Choose mostly non-fat or low-fat options.</p>

Eating healthy after giving birth

Nutrition while breastfeeding

- It's good to eat a variety of healthy foods, with plenty of fruits and vegetables. It's even OK to eat gassy and spicy foods if your baby doesn't have a reaction to them.
- Do your best to avoid fast food and junk foods, including sugary snacks, soft drinks, and fried foods.
- Avoid alcohol and **marijuana**.
- Limit how much caffeine you eat and drink. Caffeine is in coffee, some teas, many sodas, energy drinks, and chocolate.

Stay hydrated

Staying **hydrated** means that you have plenty of fluids in your body. When you deliver a baby, you lose a lot of fluids. If you lose too many fluids and don't replace them, you can become **dehydrated** (in need of more fluids).

It's important to replace the fluids you lost when you gave birth. If you're dehydrated, you might feel very tired. Drink enough water each day to help avoid this extra tiredness.

It's also important to stay hydrated if you're breastfeeding. Just because you're breastfeeding, it doesn't mean you will be dehydrated. But if you don't have enough fluids in your body, you might not make as much milk. Also, the quality of your milk might not be the same. A good way to make sure you stay hydrated is to drink a glass of water a few minutes before you start nursing. And keep a bottle of water near you so you can drink while you're nursing.

If you are trying to lose weight, do it slowly.

- You'll naturally burn calories when you breastfeed. Each ounce of milk that you produce will burn about 90 calories.
- Eat a healthy diet and try to exercise. This will help you lose weight.
- Fill half of your plate with fruits and vegetables.
- Choose low-fat milk products and meats.
- Drink a lot of water. Avoid sugary drinks like soda, juice, sports drinks, and energy drinks.
- Eat plenty of whole grains, like whole grain bread, whole wheat tortillas, oatmeal, and brown rice.
- Limit or avoid fast food, fried foods, and sweets.

Constipation

Constipation means that it's hard to have a **bowel movement**. It's unpleasant, but it's common for women who have just had a baby. For relief, try to:

- Eat foods that are high in fiber. Good choices are fruits and vegetables, whole grains, and high-fiber cereals (ones with bran). Dried fruits like apricots, figs, and dates are good sources too.
- Get some kind of daily physical activity, like walking for at least 30 minutes.
- Drink plenty of water. Breastfeeding can make you very thirsty.
- Talk to your doctor about trying **stool softeners** that contain fiber if the suggestions above don't work for you.

You can also ask your doctor to refer you to a registered dietician.

Sex after pregnancy and giving birth

Timing

Your body needs time to heal after delivery — no matter if you had your baby vaginally or by C-section. Your doctor or nurse will tell you when it's safe to start having sex again.

After you have your baby, your **uterus** takes about 6 weeks to return to its normal size. It also takes about that long for your **cervix** to close back up. It is best to wait to have any sexual activity until your cervix has closed again. This will help prevent you from getting infections in your uterus.

If you had a C-section, the healing process usually takes longer. A C-section is a major surgery, and most women need more time to recover from this than from a vaginal delivery.

Hormonal changes and new feelings

Your vagina might feel dry and tender. Hormonal changes and breastfeeding can cause this. You might also feel some pain or tenderness if you had an **episiotomy** (cuts to your vaginal opening) or a tear in your **perineum** during labor or delivery.

You might feel confused or worried if you're not interested in sex in the months after you have your baby. And your partner might be feeling rejected and unwanted. Either of you might be questioning your own desires. These feelings aren't fun, but they are normal. Many couples go through these feelings in the early days, months and years of raising a family — you're certainly not alone.

It's important to talk with your partner about your feelings and your partner's feelings. This will help both of you



understand what's happening in your relationship. You can also try to stay connected and intimate in new ways that work for you both.

Birth control

It's important to think about birth control before you start having sex again. Did you know that you can get pregnant again almost immediately after giving birth?

If you're breastfeeding, it's important to talk to your doctor about what forms of birth control are safe to use. You can read about different birth control methods starting on page 84. This will help you think about what will be best for you and answer questions you might have.

Notes

CHAPTER 5

Postpartum Emotional Health

TOPICS

Your feelings | Support from your partner and others

Taking care of yourself | Emotional health for dads and partners



Words to know

It will be helpful to get familiar with these words as you read this chapter. You can find each term in the glossary at the end of the book.

- Anxiety
- Baby blues
- Depression
- Grief
- Miscarriage
- Protective factors
- Self-care



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.

Your feelings as a new parent after having a baby

Pregnancy and having a new baby cause a lot of changes and adjustments. These changes can bring excitement and joy. But they can also bring challenges, sadness, and anxiety.

After you have your baby, you may feel overwhelmed. You'll probably be learning how to breastfeed, how to take care of your baby, and how to adjust to less sleep. These changes in your life can cause **baby blues**. You might be sad, tired, anxious, or moody. You might cry a lot too.

Baby blues are a normal feeling after having a baby. The good news is that they usually go away on their own in about 2 or 3 weeks. It helps if you take care of yourself and get support from your partner or others.

Try to:

- Take a nap, rest, or do something relaxing when your baby is asleep.
- Eat well. (For tips on healthy eating, see pages 70-72.)
- Ask your partner or others for help.
- Talk about your feelings.

In addition to feeling sad or anxious, you might also have feelings of **grief** and loss. Some new parents really miss the independence and flexibility they used to have. Some parents might feel sad because they lost a previous baby, had a **miscarriage**, or are missing a loved one.

If you're feeling grief, loss, sadness, or anxiety, it's important to talk about your feelings with someone you trust. Ask your Parent Coach, doctor, or nurse if they can recommend someone for you to talk to if you don't know anyone yourself. It's common and normal to have these feelings, but it's important to talk to someone. Having a strong support system can help you build your own strength and a good connection with your baby.

It's also important for partners and co-parents to talk about their feelings. Like you, they should also reach out to someone for support. When both parents feel supported, their children have the best opportunity to do well.

Here are some questions that you and your partner can ask each other. You can also talk about them with other friends or someone who supports you.

- How are you feeling about being a parent?
- What are some changes you've made in your life?
- Who are some people that have been supportive?
- What else is on your mind? Is anything else worrying you?

Support from your baby's father or your partner

Partners can support each other in many ways. Helping take care of the baby is a big one, and that also helps your partner and the baby bond together. Here are some ways that your partner can help:

- Change and dress the baby.
- Feed, burp, and bathe the baby.
- Take the baby for a walk, sing, and talk to the baby, and hold and cuddle the baby.
- Give you a massage to help you relax.
- Make sure you get the chance to rest and eat well.
- Shop and prepare meals.
- Go to doctor's appointments with you.
- Limit visitors so that you can rest.



It's important for dads and partners to spend time alone with the baby. This will help them feel more confident so that they can take on more responsibilities. Try not to be too critical of your partner, and be sure they know they have the ability to be a wonderful, loving parent.

Support from partners, family, and friends

As a new parent, your responsibilities and routines will change. It's important to get support so that you can adjust to your new role. You can get support from your baby's father, family, friends, or your partner. These people can:

- Cook and help with housework. Tell them exactly how they can help you. Do you need the dishes washed? Do the floors need to be cleaned? Do you need help with the laundry?
- Run errands, including going grocery shopping and taking your older children to school.
- Hold or comfort your baby.
- Listen when you want to talk about your concerns, fears, and excitement.
- Spend time with your older children so that you have time to rest or bond with your baby.
- Take care of your baby so you can spend time with your older children.

Community support

There are organizations and support groups that can help you adjust to being a new parent. They are available at WIC, some clinics, the hospital, and community organizations. They include:

- Breastfeeding support groups
- Support groups for new moms and parents
- Parenting classes
- Nutrition classes

Ask your Welcome Baby Nurse or Parent Coach for more information about classes or support groups near you.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Taking care of yourself

You may be so focused on the new baby that you forget about your own needs. It may feel like there's not enough time to pause and give yourself a breather, but there are simple things you can do to help yourself — and they're important! See the self-care worksheet on pages 36-37, and make it a priority to take good care of yourself.

Protection from stress

Self-care and building good relationships with others are helpful in preventing stress. They also help you bounce back when you do get stressed. Psychologists call these **protective factors** — things that help you keep stress from getting in the way of your family's health and happiness. Here are a few more things you can do:

- Learn about child development and how to be a good parent.
- Get support for basic needs (food, housing, transportation, your children's education).
- Try to communicate well with your children and understand each other.

Do you feel like you have all these protective factors in your life? Which ones would you like to work on? Talk to your Parent Coach for ideas and more resources.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Taking care of yourself

Depression and anxiety

It's very common for new moms to feel depressed or worried. If your baby blues don't get better after a few weeks, or if you start to feel worse after one month, you should get help.

Ask your Parent Coach, doctor, or nurse for help. Or you can call Postpartum Support International's Warmline at **800-944-4773**. It's important to get help soon — for your health and your baby's health.

Many new moms go through this. It's not your fault. **Depression** and **anxiety** are illnesses, and it's important to get help so that you can feel better.

These are signs that you might be depressed:

- Mood swings, including feeling like you're not good enough and things will never get better
- Trouble staying focused
- Difficulty accepting that you are now a mom
- Fear that you can't take care of your baby or that your baby doesn't like you
- Not being interested in fun things
- Very little energy, the desire to sleep all the time, or not being able to sleep at all
- Not wanting to eat at all or eating too much

These are signs that you might have anxiety:

- Racing heart rate and thoughts
- A stomachache that won't go away
- A tight chest and throat, or shallow breathing
- Difficulty sleeping
- Worrying, obsessing, and imagining the worst possible outcome
- Not wanting to eat
- Being irritable or overcontrolling
- Difficulty concentrating and remembering

Don't be ashamed or embarrassed to get help.

If you think of hurting yourself or your baby, reach out for help right away. If you start to see or hear things that are not there, you should also get help right away. You can call **911**. Or talk to L.A. County's helpline counselors at **800-854-7771**, or **text LA to 741741**. Counselors at the National Suicide Prevention Lifeline are also available 24/7 at **800-273-8255**.

Remember — asking for help is a sign of strength, not weakness.

Emotional health for dads and partners

Dads and partners will also have emotional and hormonal changes as they get ready to be a parent. These changes prepare them to take care of you and your baby. But these changes can also make them feel stressed and overwhelmed.

Dads and partners might have the same signs of depression and anxiety that are listed on the previous page. They might also have some of these signs:

- Showing signs of anger and frustration often
- Feeling jealous, left out, disconnected, or alone
- Avoiding you and your baby by spending more time with work, drugs, affairs, video games, or pornography
- Having stomachaches, dizziness, and headaches
- Resenting your baby or creating conflicts in your relationship
- Feeling burned out and overwhelmed
- Denying that there are any problems

There is often pressure on men and partners to be “tough” or to “stick it out.” If you think your partner is having a hard time emotionally or mentally, talk to your Parent Coach, doctor, or nurse. Counselors at the phone numbers on the previous page can also give you good advice about what to say to a partner who doesn’t want to reach out for help.



If stress and arguments are causing your partner to become violent — or if you’re feeling abused in any way — there’s free help available for you and your baby. If you feel like you or your baby are in immediate danger, call **911**.

If you need help with an ongoing situation, call the L.A. County Domestic Violence Hotline at **800-978-3600**, or the National Domestic Violence Hotline at **800-799-7233**. They both answer the phone 24 hours a day, every day. See page 40 for more about unhealthy relationships.

Notes

Notes

CHAPTER 6

Staying Healthy Between Pregnancies

TOPICS

Family planning and birth control | Birth control methods
Sexually transmitted infections and diseases | Child spacing
Preconception care



Words to know

It will be helpful to get familiar with these words as you read this chapter. You can find each term in the glossary at the end of the book.

- Anemia
- Asbestos
- Birth control
- Birth defects
- Child spacing
- Chlamydia
- Condoms
- Copper IUD
- Cystic fibrosis
- Diaphragm
- Dietary supplements
- Emergency contraception
- Fallopian tubes
- Family planning
- Folic acid
- Gonorrhea
- Herbal supplement
- Herpes
- HIV/AIDS
- Human papillomavirus (HPV)
- The Implant
- Lead
- Male sterilization
- Morning-after methods
- Morning-after pill
- Morning-after protection
- Paragard IUD
- The Patch
- Pelvic exam
- Pesticides
- Preconception care
- Progestin IUD
- Semen
- Sexually transmitted disease (STD)
- Sexually transmitted infection (STI)
- The Shot
- Sickle cell
- Snip
- Speculum exam
- Sperm
- Sterile
- Sterilization
- Syphilis
- Tay-Sachs
- Thyroid
- Trichomonas
- Tubal ligation
- Tuberculosis
- Tubes tied
- Vaginal ring
- Vasectomy
- Vitamin



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.

Family planning and birth control

Now that you've had your baby, it's a good time to think about **family planning**. Having a baby is hard work for your body. It can take up to one year for your body to return to the way it was before you were pregnant. It's important to give your body time to fully recover before you get pregnant again.

Making a decision about birth control

You might use the same **birth control** method that you used before you became pregnant. Or you may want to change your birth control method.

Here are some questions to ask yourself when you're thinking about what form of birth control will work best for you.

- Will I be breastfeeding?
- Do I want to get pregnant again? How soon?
- Am I good at remembering to take medicine daily? Will I be able to use the method the right way, every single time?
- Do I want to decide by myself or do I want to decide with my partner?
- Do I have more than one sexual partner? Does my partner have more than one sexual partner?
- Do I have any health issues that might make certain methods unsafe for me or my partner?



Breastfeeding is NOT a form of birth control.

You might have heard that you can't get pregnant if you're breastfeeding. This is not true — breastfeeding does not prevent pregnancy. It also does not prevent you from getting or giving STIs (**sexually transmitted infections**).

Birth control methods

There are many birth control methods available. Ask your nurse or doctor for information about them. Make sure to ask about side effects and how easy they are to use. Once you know all of your options, you can make the best choice for your body and your lifestyle. The table below shows how well these methods work *typically*. If you use them *perfectly* every time, they can be more effective. For example, a male condom prevents pregnancy 98 out of 100 times if always used perfectly. Get details here: PlannedParenthood.org/learn/birth-control

Birth control method	How often do I have to change or use it?	How well does it prevent pregnancy?	Is it safe to use while I'm breastfeeding?
<p>Condoms (Male & female)</p> 	Every time you have sex.	<p><i>Male condoms:</i> 85 out of 100 times.</p> <p><i>Internal (female):</i> 79 out of 100 times.</p>	Yes.
<p>Diaphragm</p> 	Insert every time you have sex. If you used one before you were pregnant, your doctor must fit you for a new one after you have your baby.	88 out of 100 times.	Yes.
<p>The Patch</p> 	Change it once a week for 3 weeks, and do not use it for the 4th week.	91 out of 100 times.	No.
<p>Vaginal Ring</p> 	Change it about once each month (depending on type of ring).	91 out of 100 times.	No.
<p>The Shot</p> 	A doctor gives it to you at least every 3 months.	94 out of 100 times.	Yes.
<p>The Pill</p> 	Take one every day at the same time.	91 out of 100 times.	Yes.

Birth control method	How often do I have to change or use it?	How well does it prevent pregnancy?	Is it safe to use while I'm breastfeeding?
<p>Copper IUD</p> 	Leave it in place for up to 12 years.	99 out of 100 times.	Yes.
<p>Progestin IUD</p> 	Leave it in place for up to 3-7 years (depending on type of IUD).	99 out of 100 times.	Yes.
<p>The Implant</p> 	Leave it in place for up to 5 years.	99 out of 100 times.	Yes.
<p>The Sponge</p> 	Insert each time you have sex.	<i>If you've given birth:</i> 76 out of 100 times. <i>Never given birth:</i> 88 out of 100 times.	Yes.
<p>Cervical Cap</p> 	Insert every time you have sex. If you used one before you were pregnant, your doctor must fit you for a new one after you have your baby.	<i>If you've given birth:</i> 71 out of 100 times. <i>Never given birth:</i> 86 out of 100 times.	Yes.
<p>Sterilization</p>  <p>(Female)</p>  <p>(Male)</p>	Permanent.	99 out of 100 times.	Yes.

Always use spermicide with diaphragms and cervical caps. It's good to use with condoms too.

You can buy spermicide (gel, foam, or cream) at drugstores without a prescription. You insert it each time before sex, but it's often used incorrectly. Talk to your doctor to make sure you get it right each time.



Family planning and birth control

Emergency contraception

Morning-after methods are not supposed to be used regularly as birth control. But if you've had unprotected sex and want to avoid getting pregnant, you have options. You can get a **Paragard IUD** within 5 days of having sex. This is the most effective kind of **morning-after protection**, and you can leave it in for up to 12 years.

The **morning-after pill** is another option. The kinds you can get in drugstores without a prescription include Plan B One Step, Take Action, My Way, and AfterPill. You can take it up to 5 days after you've had unprotected sex, but it's most effective if you take it within 3 days. There's a more effective pill called ella, which works up to 5 days after sex, but you need a prescription to get it.

Some factors may make one method better than another. These include your weight, whether you're breastfeeding, and if you've used the pill, patch, or ring in the last 5 days. Call your doctor or clinic to discuss what's best for you, or you can call L.A. Planned Parenthood at 800-576-5544 (or visit PlannedParenthood.org).

Sterilization: If you don't want to have any more babies

If you're sure you don't want to have any more babies, you can have a minor procedure called **tubal ligation**. This is sometimes called "getting your tubes tied." In this procedure, the doctor will close your **fallopian tubes**. Your fallopian tubes connect your ovaries to your uterus. If you have this procedure, you can no longer get pregnant. It means you are **sterile**.

The procedure takes about 30 minutes.

You can have this done right after you have your baby when you're still in the hospital. You can also have it done during a C-section. Or you can go to the hospital or a clinic at a later time to have it done.

Having your tubes tied is one of the most effective types of birth control. This is because the procedure is permanent. It prevents 99 out of 100 pregnancies. But it does not protect you from getting STIs or STDs.

A vasectomy (also called **male sterilization** or "a snip") is also nearly 100% effective at preventing pregnancy. This simple procedure takes less than 30 minutes and permanently causes a man's **semen** to be free of **sperm**. But it takes about 3 months for the semen to be sperm-free, so it doesn't prevent pregnancy right away.

Sexually transmitted infections and diseases

Most birth control does NOT protect against sexually transmitted infections and diseases.

An STI is a sexually transmitted infection. Some STIs can lead to **sexually transmitted diseases** (STDs). You can get these, or give them to someone else, during sex.

Not all STIs can be cured. But there are medicines that can help you manage their symptoms. The only type of birth control that prevents STIs and STDs is a male or female condom.

Some STIs can affect breastfeeding and pregnancy. If you are being treated for an STI, ask your doctor if the medicine may affect your breastfeeding baby. Most treatments for STIs are safe to take while breastfeeding.

These STIs can be cured, and it's important that they are treated before you get pregnant:

- **Chlamydia**
- **Gonorrhea**
- **Syphilis**
- **Trichomonas**

These are some STIs that cannot be cured, but you can manage them with medication:

- **HIV/AIDS**
- **Herpes**
- **HPV** (HPV is the only STI that has a vaccine. You can get the vaccine before you are sexually active.)

More information and helplines about STIs, pregnancy, and breastfeeding

- **American Sexual Health Association**
ASHAsexualhealth.org
- **CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)**
CDC.gov/nchhstp | 800-232-4636
- **Food and Drug Administration (FDA)**
FDA.gov | 888-463-6332
- **National Institute of Allergy and Infectious Diseases (NIAID)**
NIAID.NIH.gov | 866-284-4107 (TDD: 800-877-8339)
- **U.S. Office on Women's Health**
WomensHealth.gov | 800-994-9662

There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Planning your next pregnancy

If you're thinking of having another baby, you should schedule an appointment with your doctor or nurse before you become pregnant. They will talk to you about **child spacing** and **preconception care**. Child spacing is the amount of time, or space, you have between pregnancies. Preconception care is about making sure you're healthy when you do get pregnant.

Child spacing

After you have a baby, your body needs a healthy amount of time to rest and recover before becoming pregnant again. This time is called child spacing. Doctors and other experts suggest that you wait 18 months to 3 years before you get pregnant again.

Child spacing will lower the chances of complications for you and your next baby. It will give your next baby the best opportunity to be born healthy. And it will give your current baby time to grow and become more independent before your next baby arrives.

There may be no *perfect* time to have another baby. But it's helpful to be aware of the risks and complications of getting pregnant again soon after having a baby.

Preconception care

You probably learned a lot when you were pregnant with your first baby. But if you're thinking of becoming pregnant again, there are things you can do now to keep yourself and your next baby healthy.

Important tips to boost your health before you get pregnant again

Couples should prepare for pregnancy at least 3 months before you get pregnant. If you're thinking of getting pregnant, make a preconception appointment with your doctor or nurse. You should also:

- Stop smoking, drinking alcohol, and using marijuana products.
- Make sure your medical conditions are under control. It could affect your pregnancy if you have diabetes, asthma, high blood pressure, seizures, obesity, or certain infections.
- Tell your doctor all of the medicines you're using. This includes prescription and over-the-counter medicines. It also includes **vitamins** and **dietary** or **herbal supplements**.
- Make sure you've gotten all your vaccinations and have gone to the dentist recently.
- Take 400 micrograms of **folic acid** every day. This lowers the risk of some **birth defects**.
- Stay away from toxic (poisonous) items that cause infections. These include **pesticides**, **lead**, and **asbestos**. You might find these at home or at work.

Planning your next pregnancy

Your preconception appointment

Your preconception appointment helps you, your partner, and your baby get off to a healthy start — even before you've conceived your baby. Try to schedule this appointment so that you can go a few months before you get pregnant.

At your preconception appointment, your doctor or nurse will talk to you about your personal health, medicines you're taking and have taken in the past, your pregnancy history, your family's medical history, and your current living situation. Your doctor or nurse will also talk to you about your:

- Nutrition and weight
- Use of tobacco, alcohol, marijuana, and other substances
- Dental care
- Exposure to chemicals where you live or work that may be harmful to you or your unborn baby
- Work schedule, including your hours and shifts
- Past exposure to violence or abuse as an adult or as a child
- Mental health, including if you are depressed or anxious

Your doctor or nurse will also give you a physical exam. This will probably include a **speculum** and **pelvic exam**. For these, your doctor or nurse will look inside your vagina.

Your doctor might also take some medical tests. He or she will do these by taking blood, by having you pee into a cup, or by looking inside your vagina. Your doctor will be checking for:

- Infections
- Your blood type and fat (lipids) in your blood
- Not enough red blood cells (**anemia**)
- Past history of measles or chickenpox
- Diabetes
- Cervical cancer
- STIs, like HIV, hepatitis B, chlamydia, gonorrhea, and syphilis

In special circumstances your doctor might test you for:

- Bacteria in your vagina
- **Tuberculosis**
- An abnormal **thyroid**
- **Sickle cell** and **cystic fibrosis**
- **Tay-Sachs** and other genetic abnormalities

Your doctor might recommend that you talk to another health care provider about certain topics. These could include:

- Nutritional counseling if you are underweight or overweight
- Behavioral counseling if you use tobacco, alcohol, marijuana, or other substances
- Mental health counseling if you have stress, anxiety, or depression
- Special medical doctors if you have certain medical conditions

Notes

CHAPTER 7

Feeding Your Baby

TOPICS

Preparing to feed your baby | Hunger cues | Breastfeeding tips
Making enough milk | Growth spurts | Returning to work/school
Pumping and storing breastmilk | Safe ways to bottle feed
Breastfeeding as your baby gets older | Drinking and smoking while
breastfeeding | Starting solid foods



Words to know

It will be helpful to get familiar with these words as you read this chapter. You can find each term in the glossary at the end of the book.

- Allergic reaction
- Areola
- Bottle feeding
- Breastfeeding
- Breastmilk
- CBD oils
- Cluster feed
- Colostrum
- Cup feeding
- Dietician
- Double electric
- Engorged
- Feeding log
- Flange
- Formula
- Growth spurts
- Hunger cues
- Lactation Consultant
- Latching
- Marijuana
- Mouthing
- Nipple
- Nipple flow
- Nipple shield
- Nursing
- Nutrient
- Paced bottle feeding
- Positioning
- Pump
- Rooting
- Single electric
- Skin-to-skin
- Sleep pattern
- Suckling
- Supplemental nursing system
- Swaddle
- Syringe feeding
- Thaw
- Wean



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.

Preparing to feed your baby

Breastfeeding is a very personal decision. Some birth parents cannot breastfeed. And some birth parents choose to give their baby **formula** for a variety of reasons. The Welcome Baby program is here to give you accurate and up-to-date information and to support your choice. This chapter will help you make an informed decision. It will also tell you what you need to know to make sure your baby is well-fed.

Getting a good start with breastfeeding

Doctors, nurses, and **dieticians** strongly recommend breastfeeding. Breastfeeding protects babies from many illnesses and infections. And **breastmilk** has all the **nutrients** that your baby needs. It's the best thing for helping your baby's brain and vision develop. It's also very easy for babies to digest.

Breastfeeding is also good for moms. It can help you develop a strong bond with your baby. It also can help protect you from getting several types of cancer. Breastfeeding will help you recover faster from giving birth, and it might help you lose your pregnancy weight more easily. Another bonus: It's convenient because you can feed your baby anywhere and anytime. Learn more starting on page 28.



Preparing to breastfeed

Here are some tips and information to help you get a good start.

- Breastfeeding takes practice. You and your baby probably won't get it right the first few times. You're both learning something new, so be patient with yourself.
- The first milk that will come out is thick and yellowish. It's called **colostrum**. This milk helps protect your baby from infections. It's all that your baby needs to eat for the first few days. After 3 or 4 days, your colostrum will start to change into regular milk. Your breasts might feel very full around this time. This is normal.
- Your baby might be sleepy. Hold your baby with his tummy against your tummy, facing your breast. If you can, take off your baby's **swaddle** or blankets. Pick up your baby's arm and tickle his feet. This will help your baby wake up so that he can eat. Your partner can help with this and can read or talk to the baby during the feeding.
- Feedings might be short and irregular at first. This is normal.
- Watch for early **hunger cues** (see examples on the next page). Crying is not the first sign of hunger. Crying is a late sign and means your baby is already hungry. If you wait until your baby is crying, this can cause stress for your baby — and it might make it more difficult to calm him down enough to nurse.

- Your baby's stomach is very small, so he will need to breastfeed often. It's normal to breastfeed 8 to 12 times, or more, in a 24-hour period.
- Your **nipples** might be tender at first. If your nipples hurt or bleed, you should ask for help. Talk to your Parent Coach or Nurse.

Engorged breasts

Your breasts may become hard and swollen. This is called being **engorged**. The tips in the previous section can help you prevent this.

If your breasts do become engorged, put a warm washcloth on your breasts right before you nurse. This will help the milk flow. Between feedings, put cold washcloths on your breasts. This will reduce the swelling or inflammation.

It may also help to use warm water and gently massage your breasts. Usually this uncomfortable feeling will go away in 24 hours. But you can always ask your Nurse or Parent Coach for more information and help.

How do I know if my baby is hungry?

Your baby will give you cues to let you know that she is hungry. These include:

- Smacking or licking her lips, or opening her mouth. This is called **mouth**ing.
- Putting her hands or fingers to her mouth
- Fussing or squirming
- Opening her mouth and moving her head toward the chest of whomever is carrying her. This is called **root**ing.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.

How to breastfeed

Breastfeeding takes practice.

- It's important for you and your baby to be comfortable. This is called **positioning**.
- It's also important for your baby to take your breast correctly. This is called **latching**.

Breastfeeding should not hurt. If it hurts, you may need to get into a more comfortable position. Pain that lasts more than 30 seconds during the feeding is a sign that your baby is not latched correctly. Try unlatching your baby and repositioning yourself or the baby. (See the bottom of the next page for information on how to properly unlatch your baby.) Ask your Nurse, Parent Coach, or **Lactation Consultant** for help if you're having trouble.

Below are some pictures to help you find different ways that you and your baby will be comfortable breastfeeding.

Positioning

Get into a comfortable position with your back and arms supported. Pillows can help.

Cradle Position



Football Position



Cross-Cradle Position



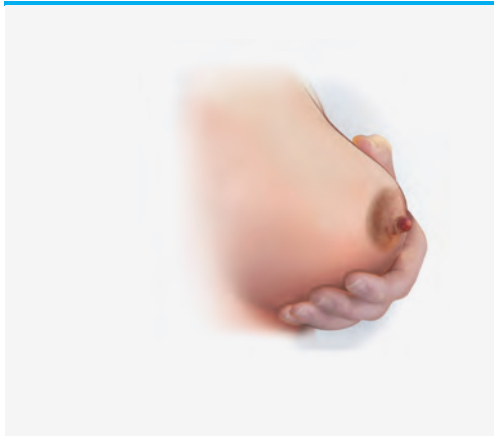
Side-Lying Position



Laid-Back Position



Latching



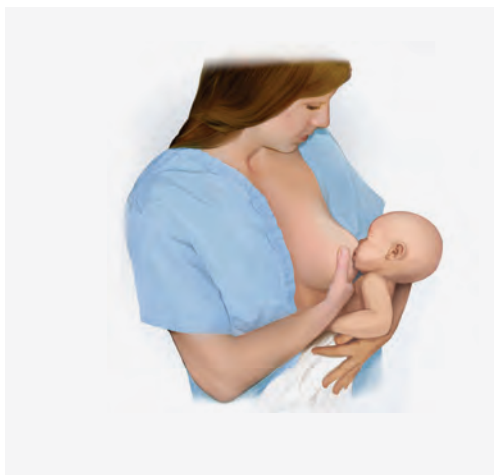
Step 1: Get ready.

Support your breast with your hand. Keep your fingers away from your **areola** so that there is plenty of room for your baby's lips. Your areola is the dark skin that surrounds your nipple.



Step 2: Motivate your baby.

Stroke your baby's lips with your nipple and wait for her to open her mouth very wide like she's yawning. Your baby may move her head from side to side. This is normal and means that she's looking for your nipple.



Step 3: Offer your breast.

Once your baby's mouth is wide open, pull her onto your breast. You will know that your baby is well-positioned when:

- All or most of your areola is in her mouth.
- Your baby's lips are turned out.
- Your baby's nose and chin are gently touching your breast.
- You feel a little tug — but no pain.

Let your baby nurse as long as she wants to on the first breast. When your baby stops **nursing** on your first breast, offer her your second breast. It's OK if she does not take your second breast. Next time you feed your baby, start with your second breast.

If you need to end a feeding before your baby comes off your breast on her own, break her suction first. Do this by sliding your clean pinky finger into the corner of your baby's mouth. Then, gently move your baby away from your breast. If you pull your nipple out before you break your baby's suction, your nipple might get sore.

Can I make enough milk?

Many moms worry about whether they are making enough milk for their baby. You'll know that your baby is getting enough milk if:

- Your baby wets and dirties enough diapers. (Look at the chart on the next page for more information.)
- You breastfeed as often as your baby wants and as often as he shows signs of being hungry. This could be every 1½–3 hours. If your baby sleeps for more than 3 hours in a row, you might need to wake him up to feed him.
- You breastfeed for as long as your baby wants. Don't follow a schedule or limit how much time your baby can be on your breast.
- If you are breastfeeding directly from your breasts, try to avoid bottles and pacifiers for at least the first four weeks.



Other ways to give your baby breastmilk

Sometimes it's hard to get your baby to latch onto your breast. Or you might not be able to be with your baby when he needs to eat. If you still want to give your baby breastmilk, these are some other options:

- **Cup feeding:** Give your baby pumped milk in a cup.
- **Syringe feeding:** Give your baby pumped milk with a syringe.

See page 98 for more about these methods.

Can I make enough milk?

One way to know if your baby is eating enough is to look at how many diapers she's using. This chart shows you how many diapers your baby will use during her first week and what they'll look like.

Baby's age	Size of your baby's tummy	Number of wet diapers each day	Number and color of dirty (poopy) diapers each day
1 day	Small marble	1	1 (dark, like tar)
2 days		2	2 (dark, like tar)
3 days	Ping pong ball	3	2 (green and watery)
4 days		4	3 (green and watery)
5 days		5	3 (yellow, like mustard)
6 days		6	4 (yellow, like mustard)
7 days	Apricot	6	4 (yellow, like mustard)

If your baby uses fewer diapers each day than this chart shows, call your doctor. It's OK if your baby uses more diapers than the chart shows.

After the first few days, many babies poop after every feeding. This is not diarrhea. It's normal for breastfed babies to poop often. This is because they digest breastmilk so easily.

At the hospital, you might have gotten a **feeding log**. This is to help you write down and keep track of how often your baby is eating and pooping. It will help you know if your baby is getting enough breastmilk. If you didn't get one or if you need another one, go to LABestBabies.org/Parenting or ask your Nurse or Parent Coach for one. You can also ask your Nurse or Parent Coach any questions you have about your baby's feeding.

Can I make enough milk?

Ways to make sure your baby gets enough milk from breastfeeding

- If your baby's doctor advises you to supplement your baby's feedings with formula or breastmilk, you do not have to use a bottle. You can supplement by using a spoon, cup, syringe, and/or a tube with a **supplemental nursing system** (SNS). The SNS is a tube-feeding system that you can attach to your breast as your baby breastfeeds.
- A **nipple shield** can be used if your baby is born premature or your nipples are sore, inverted, flat, or short. A nipple shield looks like a pacifier. You can put this stretchy, nipple-shaped cover over your nipple to help your baby breastfeed.
- If you need to give your baby supplemental feedings or use a nipple shield, you'll want to get help from your Parent Coach or a lactation consultant first to make sure you're using the devices correctly. Talk to your doctor or nurse to make sure your baby is healthy and gaining enough weight.



Growth spurts

Your baby will have **growth spurts** at specific times. When this happens, your baby will want to feed more often. This is normal. Continue to feed your baby whenever it seems like he is hungry, even if it feels like it's too often.

How to identify a growth spurt

- Your baby might be fussier than usual.
- Your baby will begin to **cluster feed**. This means that he will need to feed more often — and possibly every hour.

When should I expect a growth spurt?

Every baby is different. But there are a few times you might expect growth spurts.

In the table below, you can write down when there might be a growth spurt for your baby.

Age to expect a growth spurt	Date my baby may have a growth spurt
7-10 days old	
2-3 weeks old	
6 weeks old	
3 months old	
6 months old	
9 months old	

It is important to remember that:

- You should feed your baby on cue. This means that you should feed your baby as soon as he begins to show hunger cues.
- If you are breastfeeding your baby on cue — when your baby is hungry — you do not need to also give him formula.
- Growth spurts are temporary. They usually only last a few days or a week.
- Even if your breasts do not feel “full” because you are nursing more often, you are still producing milk.
- You cannot spoil your baby. Their brains are not developed enough to understand this. If your baby is fussy, you should hold him. Think of it as a good time for you or your partner to practice **skin-to-skin** contact.

There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Going back to work or school while breastfeeding



You can go back to work or school while you're breastfeeding. You can breastfeed your baby before you leave and when you get home. While you're at work or school, you can **pump** and store the milk for your baby. There are benefits to continuing to breastfeed after returning to work or school.

- Breastfeeding keeps your baby healthier. This means that you might miss less work or school because your baby won't be sick as often.
- Being away from your baby is a big adjustment for both of you. Breastfeeding is a great way to reconnect and feel close to your baby after being away at work or school.

Tips for returning to work while breastfeeding

- Your employer *must* give you a break for you to pump. This is the law in California. But they do not need to pay you while you're pumping. The law is meant to help you keep breastfeeding.
- Tell your employer that you will be breastfeeding and pumping when you return to work. Talk to your supervisor or Human Resources. Your Parent Coach can give you a brochure to use when you talk to them.
- You will need a private place to pump. You will need an outlet so that you can plug in your pump. You will also need a locked door so that no one will enter the room while you're pumping.
- If possible, you will need a refrigerator to store your milk. If there is no refrigerator for you to use, make sure you have a cooler and ice packs.
- When you begin to pump at work, you should be pumping about every 3 hours — or once for each bottle your baby takes while you are away from him.

Workplace breastfeeding law in California

California law says that you have the right to pump at work. If there are more than 50 people where you work, your employer must offer you a private place to pump that is not a bathroom. They must also give you time to pump.

Pumping breastmilk

Pumping breastmilk can feel scary at first. It takes some time to get used to it. Below are some tips to help you learn how to pump breastmilk, if you'll be breastfeeding when you go back to work or school.

- Start to build up a supply of frozen breastmilk about 2 weeks before you go back to work or school. Do this by pumping between feedings. Pump right after your baby feeds. This way, your breasts will have time to make more milk before your baby is hungry again.
- Store your milk in the freezer in small amounts of 1-2 ounces. Once you **thaw** out breastmilk, you cannot freeze it again. It's better to open a new container of milk than to throw one out!
- You may not get a lot of milk the first few times you pump. But as your body produces more milk, you'll get more milk when you pump. Don't be surprised if you only get an ounce or less at first.
- Each pump is slightly different. You need to hold some pumps in your hands. Some are called **single electric** (pumping one breast at a time), and some are **double electric** (pumping both breasts at the same time). Some pumps are hands-free. Follow the instructions for your pump. Always make sure that your hands and the pump are clean before you start.
- Each pumping session will take 15-20 minutes, plus time to set up and clean up. Stop pumping 2 minutes after you see the last drop of milk fall. This will help to make sure you get all of your milk and that your breasts feel soft and emptied.
- Pumping should not hurt. If it hurts, check to see if the part that goes over your nipple is the right size. This part of the pump is called the **flange**. If it's too big, too much of your areola will be sucked in. (This is the brown part around your nipple.) If it's too small, it might pinch your nipple.
- Clean all of the parts of your pump each time you're done using it. This will help to make sure no breastmilk hardens up or gets stuck in the plastic parts.

Ask your WIC office or your Medi-Cal plan if they can give you a breast pump. They might be able to give you one for free.

Your WIC office and Parent Coach can also answer any breastfeeding and pumping questions you have. To sign up for WIC and find your local office, call 888-942-2229, text APPLY to 91997, or go to myfamily.wic.ca.gov.

Storing and using pumped breastmilk

It's important to store and use your pumped breastmilk carefully. It takes a lot of time and effort to pump milk, so you won't want to waste it.

Thawing your breastmilk

If you aren't using all of your pumped breastmilk right away, you'll need to freeze it. Here are some tips to help you safely thaw your frozen breastmilk.

- Always thaw your oldest breastmilk first. Over time, breastmilk can lose its nutritional value. It's best to use your frozen breastmilk within 6 months, but it's OK to freeze it for up to 12 months in the back of your freezer.
- There are several ways to thaw your breastmilk:
 - In the refrigerator overnight
 - In a container of warm or lukewarm water
 - Under lukewarm running water
- Never thaw or heat breastmilk in a microwave. The microwave can destroy the healthy nutrients in breastmilk. It can also create hot spots, which can burn your baby's mouth.
- Use breastmilk within 24 hours of thawing it out. The 24 hours start once the milk is no longer frozen.
- Use your breastmilk within 2 hours of bringing it to room temperature or warming it up.
- Never refreeze breastmilk once it has been thawed.



There's more online!

Point your phone camera to this box or visit [LABestBabies.org/Parenting](https://www.LABestBabies.org/Parenting) for more information on the topics covered in this book.



Storing and using pumped breastmilk

This chart explains how to store and use your pumped breastmilk.

	Room temperature	Refrigerator	Freezer
Fresh milk	Up to 4 hours	Up to 4 days	Best to use within 6 months, but OK up to 12 months.
Thawed milk (that was previously frozen)	Up to 2 hours	Up to 24 hours	Do not refreeze your milk after it's been thawed.
Leftover milk (that your baby didn't finish)	Use within 2 hours after the baby is finished feeding.		

Feeding pumped breastmilk to your baby

- You do not need to warm your breastmilk. You can give it to your baby at room temperature or cold.
- If you want to warm it up, follow these steps:
 1. Keep the container of breastmilk sealed while you're warming it.
 2. Warm the breastmilk by putting the sealed container of it into a separate container or pot of warm water for a few minutes. Or you can run warm (not hot) tap water over the container for a few minutes. Do not heat breastmilk directly on the stove or in the microwave.
 3. Test the temperature of the breastmilk before feeding it to your baby. You can do this by putting a few drops of it onto your wrist. It should feel warm, but not hot.
- Swirl the breastmilk so that the fat gets mixed up.
- If your baby does not finish the bottle, you can still use the leftover breastmilk. But you must use it within 2 hours of when your baby stopped eating. After 2 hours, throw out the leftover breastmilk.

Safe ways to feed your baby with a bottle

Paced bottle feeding

Paced bottle feeding is when your baby is in control of how slowly or quickly she eats. This method makes sure that the milk flows slowly from the bottle's nipple into your baby's mouth. This lets your baby take breaks. Below are some tips for paced bottle feeding.

- Hold the bottle for your baby. Do not prop the bottle up.
- Hold your baby upright, with her head above her chest. Hold the bottle straight out and not tilted up.
- Pause for breaks.
- Switch the side you're holding your baby on — even with **bottle feeding!**
- Pay attention to cues that your baby is done eating. This way, you won't overfeed her. Watch to see if your baby is:
 - Slowing down her **suckling**
 - Relaxing her hands and arms
 - Turning her head away from the bottle
 - Pushing the bottle away
 - Falling asleep



Safe ways to feed your baby with a bottle

You may choose to bottle feed your baby formula or pumped breastmilk. When you're deciding which type of bottle to use, make sure the **nipple flow** is slow. Your baby will need this until he develops his mouth muscles. A regular bottle nipple allows the breastmilk or formula to come out too fast and some babies have a hard time eating. So, it is easier for you to bottle feed from a slow-flow nipple because his mouth and cheek muscles are developing.

Formula with a bottle

- If you are using formula, prepare it exactly as the instructions say. Always add full scoops of powdered formula instead of half scoops. This will make sure that you're mixing the right amount.
- Always add the powdered formula to the water. Do not add water to the powdered formula. This way, you'll be sure that it is mixed properly. Make sure you're using clean drinking water.
- Do not use more water than the instructions say. Your baby needs the nutrients in the formula and should not be drinking too much water until he is older.
- Do not add cereal or anything else to your baby's bottle. All of the nutrition that your baby needs is in the formula.
- Once you've mixed the formula, use it within an hour. If you don't use it within the hour, put it in the refrigerator. Throw away any formula that you've mixed and that has been sitting out for more than an hour.

Warming formula or breastmilk for a bottle

Do not warm your breastmilk or formula directly on the stove or in the microwave. To warm up cold breastmilk or formula, put the bottle or bag of it into a bowl of warm water. A microwave can heat the formula or breastmilk unevenly. This could cause hot spots that can burn your baby.

Cleaning bottles

Wash your baby's bottles as soon as you are done using them. Here are instructions on how to clean your baby's bottles.

1. Wash your hands with soap and water for 20 seconds.
2. Take the bottle apart and separate the cup, nipple, and ring.
3. Let everything soak in hot, soapy water for a few minutes.
4. Scrub all of the parts. Use a bottle brush to wash the small parts that are hard to reach.
5. Rinse the bottles with plain, clean water.
6. Let all of the parts air dry completely. Using a towel to dry them can add germs.

If you have a dishwasher, read the instructions from your bottle to find out which parts can go into the dishwasher. Use the hot-water and hot-drying (sanitizing) settings, if possible.

Giving your baby a bottle with breastmilk

If you've only been breastfeeding, it will take your baby some practice to get used to a bottle. Here are some tips to make it easier.

- When your baby is about 4 weeks old, ask your partner or a family member to start feeding your baby with a bottle of breastmilk. The bottle should only have about 1-2 ounces of breastmilk in it. This will help your baby learn to take a bottle. It will also help your baby get used to someone else feeding her. If you wait longer than 4 weeks, your baby may not take the bottle or might have a harder time taking it.
- Your baby is used to your nipple. You might need to try different types of bottle nipples to find one that your baby likes.
- Try giving your baby the bottle when she is not too hungry. If your baby is upset, she might not want to try something new.
- Before you go back to work or school, leave your baby for a few hours with the person who will be taking care of her. This will help you and your baby get used to being away from each other. Give your caregiver a bottle with your breastmilk to feed your baby.
- Talk to your caregiver about the process of thawing and preparing your milk, and be sure they know not to put it in the microwave. It might help to bring this book and refer to the steps on the previous pages.



Breastfeeding as your baby gets older

You might have heard that it's not good to breastfeed after your baby is 6 months old. This is not true.

Doctors, nurses, and other experts recommend breastfeeding for at least one year — or longer. Many women breastfeed until their baby is ready to stop. Or you might want to stop before that. Here are some things to think about as you make that decision.

Breastfeeding provides important benefits as your baby grows.

- Breastfeeding will give your baby important nutrients and protection for however long you nurse.
- Breastfeeding continues to be a good way to bond with your baby and spend special time together.
- Breastfeeding can help comfort a fussy or sick baby.

You might decide to stop breastfeeding before your baby is ready to stop. This is called “weaning.”

- **Wean** your baby slowly and gradually over time, if you can. Reduce the number of times you nurse each day little by little. Your child will handle it better if you do it gradually. This will probably also make it easier for you. Stopping suddenly can be traumatic for your child. It could also make your breasts become engorged or infected.
- Cut back first on the feedings that aren't special to your child. Cut back last on feedings that are most special to your child.
- Give your child extra love and attention during the times of day when you're trying to cut out the feedings.

There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Drinking alcohol and breastfeeding

Drinking alcohol is not recommended while breastfeeding. It can take more than 3 hours for your body to process one drink and get the alcohol out of your breastmilk. If you plan to drink and breastfeed, only drink a little bit (not enough to get drunk), and try to time it so that you have the drink right after you finish breastfeeding. Be sure to wait at least a few hours before you breastfeed again.

Alcohol moves through babies much slower than adults. If your baby is exposed to one drink each day, it might harm his **sleep pattern** and motor development skills. Also, keep in mind that alcohol causes you to produce *less* milk (even though you may have heard the myth that it can help you produce more).

What is one drink?



Using marijuana and breastfeeding

It is not safe to smoke or eat any form of **marijuana** while breastfeeding. This includes **CBD oils** and other products. If you use marijuana, the active chemicals (THC and CBD) will stay in your system for a long time, and you will transfer them to your baby through your milk. This could affect your baby's alertness, brain development, and ability to learn and pay attention in the long term. Using marijuana also can make you slower to react. This can affect your ability to keep your baby safe.

See more on pages 25 and 153 about marijuana use.

Stay away from tobacco smoke and e-cigarettes too.

It's also important to avoid tobacco and e-cigarettes while breastfeeding. If you smoke or vape, the chemicals you inhale can end up in your breast milk. Secondhand smoke (smoke in the air) is also bad for your baby to breathe. If you're around smoke, wash your hands and change your clothes before holding your baby.



There's more online!

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Starting solid foods

Breastmilk or formula is all your baby needs for her first 6 months, but you can begin giving your baby solid foods once she is 4-6 months old. You should not start earlier. If you start earlier, your baby might get allergies and have stomach problems.

How will I know when my baby is ready for solid foods?

Your baby will be ready to try solid foods when she can do all of these things:

- Sit up with support
- Hold her head steady
- Show interest in food by opening her mouth
- Pick up food between her fingers and thumb
- Close her lips over a spoon
- Swallow food without always pushing it out with her tongue

There are some important things to remember when you start solid foods.

- Breastmilk (or formula) is still very important. It should continue to be your baby's main food for the first year. Solid foods shouldn't replace milk or formula until later.
- Only give your baby small amounts of food once or twice a day, after feeding your baby breastmilk or formula. You should always give your baby breastmilk or formula before solid foods.
- Only give your baby one new food at a time. Then, wait 3-5 days before you offer your baby another new food. This way, you'll know if your baby is allergic to any of the foods she tries.
- Watch your baby carefully for any **allergic reactions**. This could include throwing up, rashes/hives, and swelling on your baby's face, lips, or eyes. Stop giving your baby that new food if you notice a reaction.

Starting solid foods

Try these solid foods first.

You can start with baby cereal with iron. Oatmeal, rice, or barley are good choices. Make it very thin by adding breastmilk or formula. Start with a small amount and use a baby spoon. Don't ever put cereal into a bottle.

You can also try vegetables or fruits. The best vegetables and fruits are the ones that are easy to mash, like bananas, avocado, and yams.

Do not give your baby citrus fruits during the first year. This includes oranges, pineapples, grapefruits, lemons, and limes. These have a lot of acid and can give your baby a rash.

Your baby will be messy while he learns to eat solid foods. He'll also be learning to play and explore at this age. He might want to explore how food tastes, feels, smells ... and lands on the floor. Be patient with your baby, and have fun together.

Your Parent Coach can give you more information about giving your baby solid foods during his first year.

Drinking from a cup

You can begin giving your baby sips of water or breastmilk in a cup when he is 6 months old. But do not give your baby juice or cow's milk until he is 1 year old — and definitely do not give your baby sweet drinks or soda. These are bad for your baby's health and teeth.

It will probably take some practice for your baby to learn to drink from a cup. Be patient and keep trying. Little by little, your baby will get better at it. By the time your baby is 1 year old, he should be drinking from a cup and your breast only, and not at all from bottles with nipples.



Notes

CHAPTER 8

Growth and Development

TOPICS

Your baby's brain | Bonding with your baby | Sibling relationships
Baby signals | Colic | Sleep | Tummy time | Screen time | Baby skills
and milestones | Separation anxiety | Childcare | Crawling and walking



Words to know

It will be helpful to get familiar with these words as you read this chapter. You can find each term in the glossary at the end of the book.

- Antibodies
- Attachment
- Babbling
- Bassinet
- Board book
- Bond
- Bottle feeding
- Brain chemistry
- Breastfeeding
- Chemical
- Co-sleeper
- Co-sleeping
- Colic
- Cooing
- Cues
- Developmental milestones
- Guardrail
- Lactation Consultant
- Neck nestling
- Newborn (or Neonatal) Intensive Care Unit
- Nursing
- Nutrient
- Positive stress
- Premature
- Pumping
- Rooting
- Screen time
- Separation anxiety
- Shaken Baby Syndrome
- Skin-to-skin
- Sling
- Sudden Infant Death Syndrome (SIDS)
- Teether
- Teething
- Tolerable stress
- Toxic stress
- Trauma
- Tummy time
- Two-way communication
- Wrap



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.

Your baby's brain

As soon as your baby is born, her brain will develop at an amazing pace. This will continue until she is 3 years old.

Many things will influence how your baby's brain develops. These include the people your baby is around, her experiences, and her environment.

Your baby's brain is made up of different areas. These areas are in charge of emotion, reason, language, memory, behavior, and motor skills.

Help your baby's brain develop.

Babies are ready to learn as soon as they're born. They depend on their parents, family members, and other caregivers to be their first teachers. They need these people to help them develop the right skills so that one day they can lead independent, healthy, and successful lives.

Babies and children grow and learn best in safe environments. It's also important for them to have plenty of opportunities to play and explore.

You have the power to help your baby's brain grow! You can do this by talking, reading, and singing to your baby. You can also do this by playing with and caring for her. When you talk to your baby and share books, stories, and songs with her, it will help strengthen her language and communication skills. This will also help her do well in school eventually!



Your baby's brain

There can be long-term problems for your baby's brain if she is around a lot of stress and **trauma**. It's important that your baby is in a safe, stable, and loving environment. She's depending on you for that!

Types of stress that affect brain development

There are 3 levels of stress that affect brain development.

1. **Positive stress** is a short-term kind of stress. These are everyday stresses that don't harm your baby's brain development. Some examples of positive stress might be the pain from getting a vaccine or not being able to breastfeed on demand. These kinds of stresses might help your baby learn how to manage unexpected events and challenges.
2. **Tolerable stress** is a longer-term stress. It's more challenging than positive stress. Some examples of tolerable stress might be moving to a different home or getting a frightening injury. This stress is tolerable because at least one loving adult is able to help the baby or child manage their stress.
3. **Toxic stress** is severe and repeated. It can cause long-term damage to a baby's brain. Some examples are frequent yelling, abuse, neglect, or violence in the home. When there is a lot of toxic stress, and no comforting parent to ease it, a baby's brain produces **chemicals** that interfere with brain development. Over time, the repeated release of these chemicals can lead to emotional health problems, and even physical problems like heart disease and diabetes.



This may sound scary, but there's good news: Just by being there for your baby, you can make her stress more tolerable. Comforting her and building a trusting and secure relationship actually helps her **brain chemistry!**

All babies and children will experience some stress. As a parent, your job is to nurture and love your baby. When your baby is stressed, do your best to comfort her, and try to keep her away from toxic stress. This will help her brain develop well.

Bonding with your baby

Parents want their baby to be healthy, safe, and happy. But it can be hard to know the best way to make that happen.

People have many opinions about how to parent and care for babies. Even you and your partner might have different ideas.

Many parents think that if they pick up their baby whenever he cries, they'll spoil him. But child-development experts have learned that this is not true. It's important to respond when your baby cries. This will help your baby feel safe and healthy. It will also help you and your baby **bond**.

It might take time to bond with and feel attached to your baby. That's natural. You and your baby need time to get to know each other. Spend some time alone with your baby. Dads and partners often say that spending time alone with their baby helps them learn, understand, and connect with them.

When you respond to your baby's **cues**, your baby will learn to trust you. This helps your baby feel secure and attached to you — and it will help your baby throughout his entire life. Your child will:

- Feel loved, confident, and safe
- Be more motivated and confident to learn, play, and explore
- Form healthier relationships
- Cope better with stress and frustration
- Be more independent when he gets older



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Bonding with your baby

Ways to bond with your baby

Bonding with your baby will help him develop a secure **attachment** to you and to his other caregivers. It will also help you adjust to being a new parent. Here are some ways that you and your partner can bond with your baby:

- Hold your baby **skin-to-skin**. Both parents can do this. See below for more about this.
- Give your baby a gentle infant massage. This can calm your baby.
- Cuddle and make eye contact with your baby while he's eating. You can do this whether you're **breastfeeding** or **bottle feeding** your baby. You should always hold your baby while he's eating.
- Breastfeed if you can. The close contact is good for you and your baby.
- Talk, read, and sing to your baby — and hold and play with him.

Try skin-to-skin contact.

Skin-to-skin contact is a great way to bond with and form an attachment with your baby. Both parents can do this.

Place your baby on your bare chest. Your baby will only wear his diaper. You can cover him with a blanket to keep him warm and comfortable. This feeling of closeness will remind your baby of being in the womb. Your baby can hear a heartbeat again and feel the warmth of your body. Skin-to-skin contact is also a good way to calm a fussy baby.



Bonding with your baby

Talk to your baby.

Even though she may not understand your words, talking is important to help your baby bond with you — and learn from you. Your baby will understand your tone and feel comforted by hearing your voice. You can also “narrate” what you and your baby are doing, seeing, and experiencing. This will help your baby learn to trust you. For example, you can say, “I’m going to change your diaper now. It probably feels uncomfortable to be wet.” Talking and reading to your baby will also help her learn to talk.

Wear your baby.

Wear or carry your baby in a **slings** or a **wrap**. “Wearing” your baby is another way for you, your partner, and other caregivers to bond with your baby. It also keeps your hands free so that you can do other things, like eat, shop, or help your other children. “Wearing” your baby also has these benefits:

- Your baby might cry less.
- Your baby can experience the world at your eye level.
- Your baby will feel secure, close, and comforted.
- Your baby will have a consistent temperature and heart rate.

Moms and dads usually hold their baby differently than each other. These differences can help your baby learn different life skills and how to grow. Ask your Parent Coach for more information about how you and your partner can wear a sling or wrap.

Read, tell stories, and sing to your baby.

Start reading and talking to your baby as soon as she is born. Learning moments begin at birth — if not before! It’s never too early to start talking with, reading to, and interacting with your baby.

Start with **board books** with your newborn. These are books with thick, cardboard pages, or chewy, squishy pages. Your baby can chew on the pages, and you won’t need to worry about her tearing them. Chewing on and holding board books is a great way for your baby to get familiar with books in her first year. She might also like putting books in her mouth when she starts **teething**.

When you read to your baby, use funny voices. You can also point to pictures in books and talk about what they are. For example, you can say, “That’s a baby girl like you!” Or, “There’s a red car!”

Use big gestures with your face and your arms when you read to your baby. Use puppets or move your fingers in songs like “Itsy Bitsy Spider.” This will engage all of your baby’s senses. Your baby will also like books with sounds, music, and textures.

Try a new reading activity each week. Always encourage and praise your baby. It’s OK if your baby loses interest in a book — just pick up a new one and keep reading!

Bonding with your baby in the NICU

Sometimes things don't go as planned during pregnancy or childbirth. If your baby was born too early or with medical issues, he might have to be in the **Newborn (or Neonatal) Intensive Care Unit** (the **NICU**).

It can be very scary if your baby is in the NICU. Below are some things you can do to help cope with this difficult situation.

- Accept your feelings. It's normal to feel sad, scared, and overwhelmed.
- Talk to someone who understands how you feel, like another parent with a baby in the NICU. Your hospital might have a support group for NICU parents, or you might join one online.
- Ask your doctors and nurses all of the questions you have about your baby's condition and care. It's your right to know everything.
- Create a routine. Find a way to visit the NICU regularly when you've recovered from giving birth.
- Ask family or friends for help with chores, older children, and other responsibilities.
- Keep a journal. It can help to write your feelings down on paper.
- Celebrate when your baby makes progress. It's a happy moment!



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Bonding with your baby in the NICU

You can begin bonding with your baby, even if she can't go home with you right away. Spending time with your baby will also help you adjust emotionally. And your baby needs you to be there so that she can get better! Here are some things you can do to bond with your baby in the NICU.

- Visit your baby every day or as much as possible.
- Ask if you can hold your baby skin-to-skin. This will depend on your baby's condition.
- Ask if you can breastfeed your baby. This also will depend on your baby's condition. If your doctor says you can breastfeed, ask for help from the **Lactation Consultant**. They will have the training and experience to help moms and babies in this special situation.
- Ask about **pumping** so that your baby can still receive your milk if you can't put her on your breast yet. Ask the nurses where you can pump and where to store your milk for your baby.

Benefits of being skin-to-skin with your baby in the NICU

There are benefits to holding your naked or diapered baby to your skin when she's in the NICU. Ask your doctor or nurse if you and your partner can do this. Here's why:

- It helps to keep your baby warm.
- It helps to regulate your baby's heart and breathing rates.
- It helps your baby gain weight.
- It helps your baby spend more time in deep sleep.
- It helps your baby spend more time being quiet and alert — and less time crying.
- It helps with bonding, and it can even help you make more breastmilk.

Benefits of giving your baby breastmilk in the NICU

There are benefits to giving your baby breastmilk in the NICU. It's a unique gift that you can give to your baby. Here's why:

- Your body will know if your baby was born early. If this is the case, your body will make milk that has more of the **nutrients** that your baby needs to grow faster.
- Breastmilk has protective **antibodies** in it. These germ-fighters can help your baby get healthier and prevent infections.
- Breastmilk can help **premature** and sick babies recover faster.

If you can't produce breastmilk, ask if there's breastmilk that has been donated.

Talk to your Welcome Baby Nurse and Parent Coach if you have questions. They can offer you support and find good resources for you.

Sibling relationships

If you have older children at home, they're going to have to share you with your baby. They might also have to wait for you if the baby needs something. And they'll probably need to get used to a crying baby.

You might notice that your older child is acting differently than usual. This is a very normal part of adjusting to having a new baby at home.

Here are some tips to help your child get used to the new baby:

- Expect your older child to have setbacks, like wetting the bed. Respond to this with understanding and extra attention.
- Spend time alone with your older child every day or as much as possible. Tell him that you love him and that he is special.
- Let your older child express his feelings about the new baby. These can be positive and negative feelings. But make it clear that your older child can never hurt the baby.
- Remind your visitors to pay attention to your older child and not just your baby.
- Let him help take care of your baby in ways that are safe. But don't leave your older child alone with your baby — even for a few minutes.
- Talk about the fun parts of being the older child. This can include choosing what to wear, being able to play at the park, and having friends.



These tips can help your older child get used to his new sibling. Just like your life has changed by having a new baby, your older child's life has also changed. Remember to be patient. Your family has changed and everyone is adjusting.

Understanding your baby's cues and communication

It will take time to get to know your baby. But, in order to be able to respond quickly to her needs, you'll need to understand her cues. Some common baby cues, what they mean, and ways you can respond are listed below.

Baby's cue	What it means	What you can do
Putting her hands to her mouth, licking her lips, making a sucking noise, and rooting	Your baby is hungry.	Nurse or feed your baby.
Rubbing her eyes, rubbing her ears, and yawning	Your baby is tired. <i>Note: If your baby is grabbing his or her ear(s), is fussy, and has a fever, your baby may have an ear infection.</i>	Begin your baby's nap or sleep routine.
Arching her back	Your baby is uncomfortable or feels like too much is happening.	Change activities, go to a calm place, or comfort your baby.
Frowning	Your baby might be worried or uncomfortable.	Comfort your baby by holding her or changing activities.
Cooing and babbling	Your baby is happy or excited.	Keep doing what you're doing until your baby shows you a cue to stop.
Turning her face away	Your baby might be overwhelmed or overstimulated.	Stop the activity or take your baby to a calmer place. Find a way to soothe her, if needed.

If your baby was in the NICU or was premature, your baby's cues might be different.

Soothing your baby

Crying

Crying is another way that babies communicate. It can help them relieve tension and stress. Sometimes babies cry a lot at night between 6:00 - 11:00.

Babies are not being bad by crying. They cry and are fussy for several reasons, including:

- Hunger
- Sleepiness
- Boredom or overstimulation
- A dirty diaper
- Pain
- Being too hot or too cold
- A need for touch, connection, or comfort

Over time, you will learn your baby's different cries and what they mean. Remember that it's best if you can respond quickly to your baby. This will help your baby build trust and feel secure with you.

If your baby won't stop crying, you can also:

- Lay your baby, skin-to-skin, on your chest or your partner's chest. This is one of the best ways to soothe a baby.
- Give your baby a warm bath or an infant massage.
- Rock or bounce your baby.
- Wear your baby in a sling or wrap.
- Play soothing music.
- Use background noise like a fan or hair dryer. This might soothe your baby because it sounds similar to when he was in your womb.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Soothing your baby

Colic

Colic is when babies cry for at least 3 hours, several times a week, and nothing you do seems to comfort them. Colic often starts in the evening.

Doctors aren't sure what causes colic. But you should ask your doctor about any over-the-counter remedies. You can also talk to your Welcome Baby Nurse or Parent Coach.

Try holding your baby in these ways to help with colic:

- Drape your baby across your forearm with her legs straddled over your arm.
- Snuggle your baby's head in the area between your neck and chest. This is called **neck nestling**.
- Hold your baby facedown across your lap and rub her back.

You can also try to:

- Rock your baby.
- Burp your baby more often.
- Rub your baby's tummy gently.
- Take your baby for a walk or a ride in the car.

If you think your baby is in pain, call her pediatrician. You should also call her pediatrician if she has a high-pitched cry or you cannot soothe her.



Colic can be very frustrating. If you feel overwhelmed, put your baby in a safe place and walk away for a few minutes until you are calmer. Take a few deep breaths, call a friend, or find something that helps you calm down.

Do not shake your baby. If you shake your baby, it can make her brain move around and possibly bleed. This can cause brain damage, blindness, and even death. Injuries from shaking your baby too hard are called **Shaken Baby Syndrome**.

Sleep patterns

Infants sleep very differently from adults. Newborn babies sleep between 12–16 hours a day. Sometimes they might just sleep for a few minutes. Sometimes they might stay asleep for a few hours. Babies who are breastfed might wake up every two hours. This is because breastmilk is digested so easily.

During the day, you should wake your baby up at least every 3 hours to eat. At night, your baby will probably wake up on her own when she's hungry. If she doesn't, during the first couple weeks, you should wake her to feed every 3–4 hours. Then, once she shows good weight gain, you can let her sleep longer through the night. As your baby grows, she'll stay awake for longer. This chart gives you an idea of how many hours your baby will be awake and asleep as she gets older.

Baby's age	Total hours of sleep during the day	Total hours of sleep at night	Total hours of sleep
Newborn	8	8–9	16
1 month	7	8–9	15½
3 months	4–5	9–10	15
6 months	4	10	14
9 months	3	11	14
1 year	3	11	14
1½ years	2½	11	13½
2 years	2	11	13

Sleep patterns

You'll probably notice that your baby sleeps more during the day than at night. This is because your baby is still learning about day and night. Babies will naturally begin to learn the difference on their own, but you can also take these steps to help them learn:

- Continue with your normal routine while your baby is napping (unless you need a nap too!). This includes vacuuming, watching T.V., and making other background noise. Don't limit noise. This will let your baby know other people are awake.
- Take your baby outside during the day. Or open the curtains so there is sunlight coming into your home.
- Set up a nighttime routine. This can include bathing or rocking your baby while **nursing** him. It can also include reading a story or singing a song. A nighttime routine will help your baby know it's time to relax and get ready to sleep.
- Limit noise, light, and talking if your baby wakes up at night. If you feed or change your baby in the middle of the night, try to limit eye contact. Eye contact will make him wake up more and become more alert.

It might be a while before your baby sleeps through the night. This is normal. In fact, it helps with your baby's development and survival to sleep lightly and wake up every few hours. Your baby's brain will continue developing during light sleep. And babies need to eat during the night since their tummies are so small.



It can be hard for parents to adjust to waking up in the middle of the night. But it's important for your baby's well-being. Be patient. Babies grow up so fast.

If you are concerned about your baby's sleeping patterns, talk to your Parent Coach or pediatrician.

Safe sleep

It's very important to create a safe place for your baby to sleep. During their first year, babies are at risk of **Sudden Infant Death Syndrome**. This is also called **SIDS** or "crib death." Some babies also die while they're sleeping because they have suffocated.

Sudden Infant Death Syndrome (SIDS)

SIDS is when an infant who is less than 1 year old suddenly dies for no apparent reason. SIDS is also called "crib death" because it usually happens when the baby is in the crib. It is a leading cause of death for babies who are 1 month to 1 year old. It happens while babies are sleeping. Experts don't know what causes SIDS. But here are some things you can do to reduce the risks:

- Breastfeed your baby if you can. Breastfed babies have a lower risk of SIDS.
- Always put your baby to sleep on her back — not on her side or stomach. This includes naps. You can remember to put your baby to sleep on her back by thinking of the phrase "back to sleep."
- Keep your baby away from smoke. No one should smoke around your baby.
- Put your baby to sleep on a firm and flat surface. Do not put your baby to sleep on a waterbed, bean bag chair, sagging mattress, couch, or armchair. These are very dangerous and babies should never sleep on them.
- Keep soft objects out of your baby's sleep area. Don't put pillows, heavy blankets, comforters, quilts, stuffed animals, crib bumpers, or other soft items in your baby's sleep area. Babies can play with these when they are awake and you're watching them.

- Put your baby to sleep dressed in lightweight sleep clothes. Keep the room at a temperature that is comfortable for you. Do not wrap your baby in blankets, especially thick polyester blankets. These can make your baby overheat. A sleep sack or pajamas with footies are best.
- Put your baby to sleep close to you in your room. It's safest if you put your baby in a **bassinet** or crib next to your bed, or in a **co-sleeper** attached to your bed. This will make it easier to feed, comfort, and watch your baby during the night. Remember to always take out extra pillows or stuffed animals from your baby's bassinet, co-sleeper, or crib.
- Share your room with your baby until she is 1 year old. But it is not recommended to share a bed with your baby.

It's a car seat — not a bassinet.

It's common for babies to fall asleep on a car ride. That's fine if you keep an eye on them, but don't use your car seat as your baby's bassinet. It's not intended to be your baby's main sleeping spot. If you need a bassinet or crib, talk to your Parent Coach. See pages 149-150 for information about car seats.

Safe sleep

Co-sleeping with your baby

Doctors and other experts do not recommend sharing a bed with your baby, but some cultures and families feel it's important to do this. This is called **co-sleeping**. Some families co-sleep until the baby has stopped breastfeeding. Some cultures and families do it for even longer.

Some parents and families want to co-sleep to form a strong bond and relationship with their baby. If you plan to co-sleep with your child, the tips below can help you prevent life-threatening injuries for your baby.

- Put your baby to sleep on his back on your mattress. Do not ever put your baby to sleep on a pillow, comforter, or other soft surface.
- Put your baby between yourself or your partner and a **guardrail**. Guardrails with plastic mesh are safer than ones with slats. If you use a guardrail with slats, your baby's head, arms, or legs could get stuck.



Tummy time

The best way to prevent SIDS is to put your baby to sleep on her back. Most babies are much more comfortable on their backs than on their tummies. But when your baby is awake, it's very important to give her **tummy time**. This is exactly what it sounds like — it's when your baby spends time on her tummy.

- Tummy time helps your baby learn to control her body and head. This is because her back and neck muscles will become stronger while she's on her tummy.
- During tummy time, your baby will learn to push up, roll over, sit up, crawl, and pull up to start standing.
- Tummy time also helps your baby practice hand coordination.

If your baby is healthy, you can start giving her tummy time as soon as she gets home from the hospital. At first, she may not like being on her tummy. You can help her get used to it in stages. Try doing this two or three times a day, even just for a few minutes each time.

- 1st stage: Lie your baby on your tummy or across your arms or legs.
- 2nd stage: Lie your baby on a rolled-up towel on the floor with a toy in front of her.
- 3rd stage: Lie your baby down independently.



Other tips that might help you with tummy time:

- Put a book in front of your baby so she has something to look at.
- Put a toy close to your baby so that she can try and reach for it.
- Lie down with your baby and sing, read, or play with her. This will keep your baby content while she gets more comfortable on her tummy.
- Put down a blanket or towel so that your baby is not directly on the floor.
- If you have an older child, put your baby on her tummy close to her older sibling. Your baby will be interested in her big brother or sister.

Screen time

Babies need to have physical activity and learn to explore. If they're in front of a screen too much, they won't have time for hands-on exploring and face-to-face interaction. Too much **screen time** can also lead to less sleep and worse sleep.

Here's what experts say about how much screen time your child should have:

- For babies younger than 18 months: Only use screen time for video chatting. This can be with grandparents, aunts, and uncles, for example.
- For children between 18-24 months: Only use screen time to watch high-quality programming. Make sure to watch with your child and talk to them about what they're seeing.
- For children between 2-5 years: Only allow up to 1 hour per day of high-quality programs. You should watch with your child to help him or her understand what they're seeing. You can also talk about how it applies to the world around them and what it means.

Talking and playing with your baby without any screens involved is best. Try making certain places in your house no-screen zones.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Baby skills and milestones

Babies grow so fast! And they're always learning! For example, your baby's vision is probably improving, and he or she might be looking at and focusing on things nearby.

The charts on the next few pages will tell you more about what you can watch out for during your baby's first year.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



You and your baby: 0 to 3 months

It might seem like your baby only eats and sleeps. But there are many new skills your baby is learning. These are called **developmental milestones**. Below are some skills you might start seeing your baby develop between 0-3 months. Remember though that every baby is different and will develop at a different pace.

Motor skills	Sensory skills	Communication skills	Feeding skills
<ul style="list-style-type: none"> • Pushes up on his arms while lying on his tummy • Lifts and holds his head up while lying on his tummy • Moves his fists from closed to open • Brings his hands to his mouth • Moves his legs and arms when he is excited 	<ul style="list-style-type: none"> • Tries to reach for a toy held above his chest while lying on his back • Tracks a moving toy from side to side with his eyes while lying on his back • Keeps his head centered to watch faces or toys while lying on his back • Calms down with rocking, touching, and gentle sounds • Enjoys being moved around 	<ul style="list-style-type: none"> • Quiets down or smiles in response to hearing a sound or a voice • Turns his head toward a sound or a voice • Shows interest in faces • Makes eye contact • Cries differently for different needs • Coos and smiles 	<ul style="list-style-type: none"> • Latches onto the nipple or bottle • Moves his tongue back and forward to suck • Drinks 2-6 ounces of breastmilk or formula each time he eats, about 6 times per day • Sucks and swallows well during feeding

You and your baby: 0 to 3 months

Activities to do with your baby

- Place a rattle in your baby's hand. He will learn to recognize that the rattle is there and shake it or bring it to his mouth.
- Let your baby splash his hands and feet in warm bathwater.
- Move a soft, colorful object, like a stuffed animal or hand puppet, up and down, back and forth, and in a circle. This will help your baby develop visual skills.
- Talk, read, and sing to your baby often. Tell your baby what you're seeing, doing, hearing, and feeling. This will help your baby learn to talk and feel understood.
- Lay your baby face up in a quiet, warm room. Use firm but gentle pressure to massage his arms and legs. This will help your baby learn about body awareness and how to control his muscles. It's also a great bonding experience.

In his first 3 months, your baby can easily get overstimulated. Watch to see if he cries, doesn't make eye contact, or turns away. If you see these signs, take your baby to a place with less noise, lights, and activity if you can. Also try to calm your baby by gently rocking him, singing or talking softly to him, nursing him, or putting him into a sling or wrap.



You and your baby: 4 to 6 months

Now that your baby is 4 months old, her personality is starting to show. You can probably also tell what your baby likes and doesn't like. You'll notice lots of changes at this stage.

Your baby knows you now and is very attached to you and other caregivers. This is also the age when your baby might begin to cry if strangers get too close. This is a normal part of development, so don't force your baby to go to other people if that causes crying.

Below are some skills you might see your baby developing during this time.

Motor skills	Sensory skills	Communication skills	Feeding skills
<ul style="list-style-type: none"> • Uses her hands to support herself while sitting up • Rolls from her back to her tummy, and from her tummy to her back • Uses the entire weight of her legs to stand up while grabbing onto something • Reaches for nearby toys while on her tummy • Uses both hands to play with her feet while she's lying on her back • Transfers a toy from one hand to the other while she's lying on her back 	<ul style="list-style-type: none"> • Uses both hands to explore and play with toys • Generally happy when she's not hungry or tired • Brings hands and objects to her mouth • Can be calmed with rocking, touching, and gentle sounds • Is not upset by everyday sounds • Enjoys moving around in different ways • Notices toys that make sounds 	<ul style="list-style-type: none"> • Reacts to sudden noises or sounds • Listens and responds by turning around or making sounds when spoken to • Begins to use consonant sounds when she's babbling, like "da, da, da" • Uses babbling to get attention • Makes different kinds of sounds to express her feelings 	<ul style="list-style-type: none"> • Shows interest in food • Opens her mouth when a spoon approaches • Moves pureed food from the front of her mouth to the back • Begins to eat cereals and smooth, pureed foods with just one ingredient, like carrots, avocado, yams, or bananas

You and your baby: 4 to 6 months

Activities to do with your baby

- Play hide-and-seek with a toy, stuffed animal, or other objects. You can hide it under a blanket, but let part of it stick out so that your baby can see it. Ask your baby, “Where did it go?”
- Make sounds that animals make, like a cat, chicken, dog, or cow. Make silly faces.
- Play peek-a-boo.
- Play with toys that you can stack and knock over.
- Play with toys that have bright colors, different textures, and make noises.
- Make a safe, clean space on the floor — and then encourage your baby to crawl.
- Move a toy up and down in front of your baby so that she can follow it with her eyes — and then encourage her to reach out and grab it.



There's more online!

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Separation anxiety

Does your baby become upset when you leave the room? This is called **separation anxiety**. It's a normal part of development.

Separation anxiety usually starts when your baby is about 6 months old. It will also happen again for many babies when they're 9, 12, and 18 months old. In between these ages, the separation anxiety may seem to go away. Or it might seem to grow. Either one is normal. Not all children react the same way when they're separated from their parent or caregiver.

It can be upsetting to hear your baby cry and reach for you. You might feel like you're being mean by leaving. You might feel guilty if your baby is crying a lot. This can make it hard to leave your baby. Here are things you can do to make it easier:

- Give your baby time to get comfortable with the person you are leaving her with.
- Always say goodbye. It's not a good idea to sneak out. Your baby may get even more upset if she feels like you disappeared.
- Leave after you say goodbye. If you go back in and say goodbye over and over again, it will make it harder for you, your baby, and the other caregiver.
- Your baby can feel your emotions, so try not to be overly nervous or scared.
- Leave something that smells like you with your baby. This could be a piece of clothing that you wore recently.



It will take practice for you and your baby to get used to being apart. But try to come up with a “separation” routine and stick to it. Once your child learns that you’ll always return, separating will get easier.

Talk to your Parent Coach if you have concerns or questions about how your baby acts when you separate. The two of you can work on a plan to make it easier.

Choosing quality childcare

It can be very difficult for you and your baby when you go back to work. It's normal for you to feel nervous about this change. Your baby might also have a hard time separating from you.

Having someone you feel comfortable with watch your baby will help take away some of the stress and worry. That may be a family member or friend. Or you may take your baby to a childcare center. Whatever you decide, there are questions you should ask.

Questions for the person who will take care of your baby

- How much experience do you have with babies?
- Do you talk, read, and sing to the babies?
- Do you ask the babies questions?
- Can each baby eat and sleep when they need to, or is there a set schedule?
- What would a typical day be like for my child?
- Will you speak to my baby in the language I prefer?
- Can I visit my baby any time or only at scheduled times?

Questions to ask childcare providers

If the person who will watch your baby is not a family member, or if they are watching children from different families, they need to be licensed. There are certain requirements that a home or day care center must meet to become licensed, including educational training of staff.

- How many children are you licensed to take care of?
- How many adults are there for each child?
- What is your child care license number?
- What kinds of credentials do staff members have?

Questions to ask yourself

- Does the caregiver seem to enjoy babies and children?
- Do the caregiver's beliefs on topics like discipline match mine?
- Would my baby feel good about being there?
- Would I feel good about leaving my baby there?
- Is it a clean and safe place?

Talk to your Parent Coach if you have questions about how to choose quality childcare for your baby. Your Parent Coach can also help you find information about free or lower-cost quality childcare.

If you have questions about childcare licensing or laws, contact California's Child Care Advocate Program at 916-654-1541 or childcareadvocatesprogram@dss.ca.gov. To file a complaint about a childcare provider, contact their hotline at 844-538-8766 or letusno@dss.ca.gov.

You and your baby: 7 to 9 months

Now that your baby is 7 months old, she's starting to do even more. You'll see that she's able to move around and communicate more. She'll even start to recognize her name at this age. Below are more skills your baby might be developing.

Motor skills	Sensory skills	Communication skills	Feeding skills
<ul style="list-style-type: none"> • Sits up without support • Sits and reaches for toys without falling • Moves from her tummy or back to sitting up • Starts to move opposite legs and arms as she gets ready to crawl • Picks up her head and pushes through her elbows during tummy time • Turns her head to look at things while she's sitting up • Shows more control while rolling and sitting • Picks up small objects with her thumbs and fingers • Imitates other people in very simple ways 	<ul style="list-style-type: none"> • Likes to move around, including bouncing up and down and rocking back and forth • Explores and examines different objects using her hands and mouth • Turns several pages at a time of a book with thick pages • Experiments with how much force she needs to use to pick up different objects • Focuses on objects close and far away • Investigates shapes, sizes, and textures of toys and other objects around her • Looks at things while lying on her back or tummy, sitting up, crawling, and standing (with help) 	<ul style="list-style-type: none"> • Uses a larger variety of sounds while she's babbling • Looks at familiar objects and people when she hears their names • Recognizes the sound of her name • Participates in two-way communication by babbling, smiling, and watching • Follows some routine commands when there are also hand or face gestures • Recognizes commonly used words • Uses simple gestures, like shaking her head for "no" • Imitates sounds and noises 	<ul style="list-style-type: none"> • Holds her bottle and drinks from it in a high chair • Begins to eat thicker pureed and mashed table foods • Enjoys teethers that can massage her sore and swollen gums while she's teething • Stays full longer after eating • Starts to look at and reach for nearby food • Shows strong reactions to new smells and tastes

You and your baby: 7 to 9 months

Activities to do with your baby

At this age, your baby may start trying to crawl. She may be able to sit up without support, and may be babbling more. Here are some things you can do to support her development:

- Sit your baby upright on the floor to play. You might want to support her with pillows. Be ready to catch her if she falls.
- During tummy time, put a toy in front of her and raise it up so that she follows it and tries to push herself up.
- Put your baby on her back and put toys just out of reach. Encourage her to roll over to reach the toys.
- Put your baby close to things that she can pull up on safely.
- Respond to your baby's babbling. Make her feel heard. Be creative and try to keep the conversation going.
- Point out and name things in books and magazines.
- Continue talking, reading, and singing to your baby. Keep this up for years and years!



Walkers, jumpers, and rockers

Your baby might be trying to walk at this point. Maybe you've heard that using a walker will help your baby learn to walk faster. This is not true.

Walkers can be dangerous for your baby and can cause accidents. They may tip over if you have stairs. Or your baby may fall down the stairs if he's using a walker.

Walkers can delay walking for your baby. They can also get in the way of normal development and walking in these ways:

- Your baby might learn to walk on his toes rather than using the whole foot.
- Your baby might move backward instead of forward.
- Your baby might move both legs together instead of one at a time.
- Your baby won't learn to control his head and body as much. A walker can also interfere with your baby's flexibility.
- Your baby's hips and joints can get harmed by using a walker too much. Baby jumpers can also cause these problems.

Your baby will learn to walk when he's ready. You might see him practice moving from standing to sitting, then crawling, and then trying to get back up again. This means he is getting ready to walk on his own. Walkers, bouncers, jumpers, swings, and other baby items may seem convenient, but it's best to allow your baby to play on the floor and explore.

Talk to your Parent Coach if you have questions about walkers, jumpers, or rockers — or how your baby is developing.



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



You and your baby: 10 to 12 months

Your baby has grown a lot since he was born. He's now starting to be mobile and is probably crawling or trying to crawl. He's probably a lot more active with his toys and everything around him. He's also probably interacting more with you, your partner, his older siblings, and other caregivers. Below is a list of skills you might see him developing at this age.

Motor skills	Sensory skills	Communication skills	Feeding skills
<ul style="list-style-type: none"> • Pulls to stand up, and cruises along furniture • Stands alone and takes several independent steps • Moves in and out of various positions to explore and reach for toys • Keeps balanced while sitting and throwing objects • Claps hands • Puts objects into a container with a large opening • Uses thumb and pointer finger to pick up tiny objects 	<ul style="list-style-type: none"> • Enjoys listening to songs • Explores toys with hands, fingers, and mouth • Crawls to or away from objects that he sees in the distance 	<ul style="list-style-type: none"> • Says “mama” or “dada” to the right people • Responds to simple directions, like “come here” • Babbles for longer periods in an attempt to communicate • Says one or two words • Imitates speech sounds • Uses sounds and rhythms of speech in his babbling • Pays attention to where you are looking and pointing • Responds to the word “no” • Begins using hand movements to communicate what he wants and needs, including reaching to be picked up 	<ul style="list-style-type: none"> • Feeds himself with his fingers • Eats a larger variety of food • Begins to use a regular cup for drinking • Tries soft-cooked vegetables, soft fruits, and finger foods, like banana slices and cooked pasta • Tries to feed himself with utensils • Likes a larger variety of smells and tastes

You and your baby: 10 to 12 months

Activities to do with your baby

Your baby is very active now. He may be able to crawl, sit up independently, pick up toys, and play games. Below are more ways you can play with your baby.

- Empty and fill buckets or baskets.
- Look in mirrors.
- Search through kitchen cabinets for things like plastic bowls and spatulas.
- Stack blocks.
- Sing, listen, or dance to music.
- Play with dolls or puppets.
- Explore empty containers.



Notes

CHAPTER 9

Health and Safety

TOPICS

Caring for your newborn baby | Jaundice | Car seats | Dental care
Secondhand smoke | Marijuana | Well-baby appointments
Vaccines | Environmental health | Childproofing your home
Lead poisoning | Domestic violence | Looking ahead: You got this!



Words to know

It will be helpful to get familiar with these words as you read this chapter. You can find each term in the glossary at the end of the book.

- Bath seat
- Bilirubin
- Bind
- Birth defects
- Breastfeeding
- Bronchitis
- Circumcision
- Clove cigarettes
- Dehydration
- Discharge
- Domestic violence
- Fluoride
- Fontanel
- Foreskin
- Immunity
- Jaundice
- Lead
- Listless
- Marijuana
- Meconium
- Miscarriage
- Nicotine
- Phototherapy
- Placenta
- Pneumonia
- Premature birth
- Secondhand smoke
- Sexually transmitted disease (STD)
- Sudden Infant Death Syndrome (SIDS)
- Swaddle
- Teething ring
- Tobacco
- Tooth decay
- Umbilical cord
- Urinary tract infection
- Vaping
- Well-baby appointments
- Well-baby exams



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.

Caring for your newborn baby

It can be exciting and scary to care for a new baby. There is so much to learn, and your baby is depending on you for everything. But the Welcome Baby program is here to support you!

The next few pages have information to help you take care of your new baby.

Umbilical cord

Your baby's **umbilical cord** will fall off in 1–3 weeks.

- Only give your baby sponge baths while you're waiting for his umbilical cord to fall off. Newborns don't need to be bathed every day, but you can wipe your baby down with a warm, damp cloth if you like. Just don't give him a regular bath in a tub until his cord dries and falls off. See more about bathing on page 147.
- Let your baby's umbilical cord air dry. Do not put anything on it to help it dry — including alcohol.
- Fold the top of your baby's diaper down so that it doesn't cover his umbilical cord.
- Do not **bind** or **swaddle** your baby's belly until his cord falls off. This could injure the belly button area, which could lead to an infection.

Call your baby's pediatrician if you think your baby's umbilical cord is getting infected. It might be infected if there's foul-smelling **discharge**, redness, or swelling at the base of the cord.

Diapering

It's important to clean your baby's diaper area well. This will help keep your baby from getting a diaper rash.

- Some babies will poop each time they eat — and especially if they're being breastfed. This is normal.
- Normal poop for your baby's first couple of days will be dark, like tar. This is called **meconium**. The next couple of days it will be green and watery. After that, it will be a mustard-yellow color for a few days. Read more on page 97 about how your baby's poop will change during the first week.
- Wipe girls from front to back. This is so that you don't cause an infection by wiping your baby's poop into her vagina.
- Girls might have a clear or slightly bloody discharge. This is normal.
- If your baby boy had a circumcision, he will need special care. See the next page for more information. And be sure to follow your doctor's instructions. Call your baby's pediatrician if your baby develops a fever or seems to be in pain.

Caring for your newborn baby

Circumcision

Circumcision is a medical procedure where a doctor cuts off the **foreskin** of your baby's penis. It's up to you to decide if you want to circumcise your baby.

If you want your baby boy to be circumcised, most doctors suggest doing it early — from a few days after being born to up to 3 weeks old. Talk to your doctor about this.

Be aware that Medi-Cal does not cover circumcision, so you might have to pay for it.

Problems after a circumcision are very rare, but there are some risks.

- Your baby might have some serious complications from the circumcision procedure. One is redness, like a sore or a scab at the opening of the penis. This can make it hurt to pee, which can make it hard for your baby to empty his bladder completely. It can also cause inflammation.
- Your baby will feel pain from the procedure. However, there are pain medicines that are safe and effective, and the pain is not permanent.
- After it has healed, the tip of his penis might end up being a little less sensitive.

There are also benefits to circumcision. Some doctors say that there are more benefits than risks.

- Circumcision can make it easier to wash and clean a penis.
- Boys and men who are circumcised get fewer **urinary tract infections**. This will be more important when your son gets older.

- Men who have been circumcised might have a lower risk of getting **STDs (sexually transmitted diseases)**.
- Cancer of the penis is rare, but men who have been circumcised are even less likely to get it.

There are certain things to do after your son's circumcision to take special care of him. After changing his diaper, you should use warm water to gently clean the area on his penis where he was circumcised. If there is a bandage, it should be changed with each diapering to prevent infection. Use petroleum jelly to keep the bandage from sticking. Be sure to follow any other instructions your doctor gives you.

Sometimes a plastic ring is used instead of a bandage. This should drop off in about a week. The penis should be fully healed in about 1 week to 10 days after circumcision.

There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Caring for your newborn baby

Keep your baby's immune system strong.

- Wash your hands or use hand sanitizer before you hold your newborn. Family members and anyone else should do the same. Your newborn baby's immune system is still developing, and she can get sick easily.
- Keep your baby away from crowded places where there might be a lot of germs. And keep your newborn baby away from people who are sick. This is especially important during cold and flu season from November to April.
- Strengthen your baby's immune system by **breastfeeding** her. This can help keep her healthy.
- Make sure you get the whooping cough and flu vaccines. And be sure that anyone else who takes care of your baby has had their shots.

Pick up your baby safely.

- Always support your newborn baby's head and neck. Her neck muscles are very weak. If you don't support her neck, her head will flop.
- Always be gentle with your baby. If you need to wake her up, tickle her feet or gently touch her cheek.



Caring for your newborn baby

Your baby's weight loss

- Most babies who are born at full term weigh between 6–9 pounds. It is normal for them to lose weight in their first few days of life.
- It's normal for babies who are breastfed to lose 7–10% of their weight. It's normal for babies who are fed formula to lose 5% of their weight. This could be between a few ounces and almost a full pound.
- Most babies should regain their weight in about 2 weeks.
- It could take up to 3 weeks for your baby's full weight to come back if he lost a lot of weight, was sick, or was premature.

Trim your baby's nails safely.

- It's important to cut your baby's fingernails and toenails. Babies don't have muscle control and might scratch themselves.
- Your baby's fingernails will grow quickly. You may need to trim them once or twice a week. Your baby's toenails won't grow as fast, so you won't need to cut them quite as often.
- It's better to trim your baby's nails often so you don't have to use mittens or baby gloves.
- Be sure his nails are trimmed before he starts playing with other children. Otherwise, he might accidentally scratch them.

Dress and wrap your baby safely.

- Dress your baby in the same number of layers you're wearing.
- Avoid overwrapping your baby. Newborn babies can overheat. Your baby can get a fever, heat rash, or even **SIDS** if you wrap him too tightly in too many clothes.
- It's normal and healthy if your baby's hands are bluish and cool. Having cool hands doesn't bother them, and it doesn't mean they need a warmer wrap.

How to trim baby nails

- Doctors recommend you only use a little nail file during your baby's first few weeks of life because the nails are so soft. This will also help avoid accidentally clipping your baby's skin.
- To cut your baby's nails using baby scissors or clippers, press the finger pad away from the nail to avoid nicking the skin, and keep a firm hold on your baby's hand or foot as you clip. Cut your baby's fingernails along the curve of the finger — not too short. Cut toenails straight across.
- You might find it easier to clip your baby's nails when he is asleep. If you choose to cut his nails while he is awake, ask someone to hold or distract him so he will allow you to hold his hand or foot still while you trim the nails.

Caring for your newborn baby

How to bathe your baby

- There are several ways that you can give your baby a bath. You can bathe your baby in a sink lined with a soft surface like a **bath seat**. You can also use a plastic tub. Or you can use a cloth or mesh sling that is attached to a full-sized bathtub to hold and support your baby during bath time.
- Put your baby's head away from the faucet so she doesn't hit her head. You can use a soft faucet cover if you have one.
- Keep the room temperature raised a bit, if you can. This will help so that your baby is not shocked when you take her out of the bath. Babies have a hard time warming up on their own.
- Fill the sink or tub with about three inches of warm water. Put your elbow into the water to test the temperature. If it feels comfortably warm after about one minute, it's a good temperature.
- Turn the water off while your baby is in the bath. Otherwise, the water might get too hot.
- Pour water over your baby to rinse your baby off. You can use a plastic pitcher or cup. You can also squeeze a washcloth soaked in warm water over your baby's head.
- You can just use water to bathe your baby at first. If you use soap, start with a small amount. Too much soap can dry out your baby's skin. Use a mild "no tears" soap that is meant for babies. You can use it on your baby's body and hair.

Warning signs

Call your pediatrician right away if your newborn baby has any of the following:

- A fever of 100°F or more. The normal temperature for a baby is 97.5°F to 99.5°F. Do not give your baby any medicine without talking to your doctor.
- Constant coughing, wheezing, or noisy breathing with a runny nose
- Yellowish color on your baby's skin or the whites of her eyes
- Crying for several hours when nothing will comfort her
- Diarrhea (frequent, very bad-smelling, watery poop)
- Thick green or yellow mucus from her nose or mouth
- Throwing up a lot every time she eats
- Signs of **dehydration**: not peeing for at least 6 hours, dark-colored pee, dry mouth, loose skin, more tired than usual, difficult to wake up, or sunken eyes or a sunken soft spot on her head (called the **fontanel**).

Call 911 if your baby is having difficulty breathing. How do you know? Here are some signs: she's gasping for air, her nose is flaring, or she's pulling her chest and neck in with each breath. She might look scared. Or she might become blue around her lips and fingernails.

If you're worried about anything else with your baby's health, call your pediatrician.

Jaundice

Your baby may have **jaundice** if he has too much **bilirubin** in his blood. If your baby has jaundice, his skin might look yellowish. The whites of his eyes may also look yellow. It may be harder to see jaundice in babies with darker skin. If you're unsure, gently press the skin on your baby's nose or forehead. If it's jaundice, the skin will appear yellow when you lift your finger.

Jaundice is very common in infants. Your baby might have jaundice if he:

- Was born early
- Was bruised during birth
- Had problems feeding
- Has a different blood type than you

Try to feed your baby more frequently if he has jaundice. This will make your baby poop more often, which will help the extra bilirubin leave his body.

- If you are breastfeeding, feed your baby 8-12 times per day for his first several days.
- If you are formula feeding, feed your baby 1-2 ounces of formula every 2-3 hours for his first week.

Some moms are told to stop breastfeeding if their baby has jaundice, but usually this is not necessary. If your doctor tells you to stop breastfeeding, ask why or if there are other options. Your doctor might also suggest that you give your baby extra formula, water, or sugar water if he has jaundice. This is also rare, so make sure to ask why and if there are other options.

Your doctor will need to check to see how much bilirubin your baby has. In mild cases, your baby's jaundice will go away by itself in 1-2 weeks.

If your baby's bilirubin level is very high, your baby might need **phototherapy**. This means that he will be placed under bright lights to help break down the bilirubin. Sometimes, you can set up these types of lights in your home.

If your baby has mild jaundice, your doctor might suggest undressing him and putting him by a well-lit window for about 10 minutes twice a day. Do not put your baby in direct sunlight.

Call your doctor if:

- Your baby's skin becomes more yellow.
- Your baby's skin looks yellow on his tummy, arms, or legs.
- Your baby seems **listless**, sick, or is difficult to wake up.
- Your baby isn't gaining weight or isn't eating well.

Car seats

Babies must be in a car seat when they're riding in cars. This is the law in California. And it can save your baby's life.

When you and your baby go home from the hospital, you will have to prove that you have a car seat for your baby. If you need help finding a car seat, ask your Parent Coach, clinic, or Medi-Cal health plan. They might be able to help you.

- The car seat should go in the back seat of your car, facing backwards. Place it in the middle of the back seat, if possible. This is the safest.
- Before you have your baby, make sure your car seat is installed correctly. You can find a free inspection station near you by calling 866-SEAT-CHECK (866-732-8243) or visiting SeatCheck.org. It's best to do this before your 36th week of pregnancy, just in case your baby comes early.
- Do not bundle your baby in too many clothes or blankets in their car seat. This can interfere with the seat straps and make the car seat less safe. Also, your baby can get a fever or heat rash if she gets too warm.



Laws about car seats change often. To read the most current information, visit SafeKids.org/state-law-tracker

Car seats can get recalled if they have a safety problem. Check this website to make sure your car seat is safe: NHTSA.gov/recalls#car-seats

Car seats

Car seats are not good baby carriers.

A car seat is the only safe place for your baby to be when he's in a moving car. But it's not a good idea to use the car seat as a carrier. It's not good for his development. The position your baby is in when he is in a car seat doesn't encourage his back and stomach muscles to work.

It might seem convenient to carry your baby in a car seat. But car seats are very heavy and awkward to carry. You have to hold it away from your body, which can be uncomfortable and can cause you to strain your muscles. It's much easier to wear or carry him. Plus, holding and carrying your baby is much better for bonding and attachment.

There's more online!

Point your phone camera to this box or visit [LABestBabies.org/Parenting](https://www.labestbabies.org/parenting) for more information on the topics covered in this book.



Never leave your baby alone in a car.

It's unsafe to leave your baby alone in a car — even just to run a quick errand. Children can overheat 5 times faster than adults. And there's a higher risk that children will die from heatstroke in a hot car compared to adults. Even if the windows are partially open or the air conditioning is on, a parked car heats up quickly, even on cool days.

Below are some tips to help you remember to always take your child with you when you get out of a car.

- Make it a habit to always check the back seat of your car before locking it and walking away.
- Make it part of your routine to make sure each of your children is with you every single time you get out of your car.
- Leave your purse or phone in the back seat of your car. That way, you'll look there before you get out and will remember your baby. You might also put a stuffed animal on the front seat to remind you to check the back.

Call 911 immediately if you see a child alone in a hot vehicle. If the child is in distress, get the child out as fast as possible. Then, cool them down quickly by getting them in the shade, removing any extra layers of clothes, and fanning them off.

Dental care for your baby

It's important to take care of your baby's gums. And, as soon as he gets teeth, it will be important to take care of those too.

Babies need healthy baby teeth so that they can speak clearly and chew. Baby teeth also make space for adult teeth.

Here are some tips on how you can keep your baby's gums and teeth healthy.

- Clean your baby's gums after each feeding with a clean, damp cloth. Do this even before your baby has any teeth.
- Be careful about germs. You can pass germs from your mouth to your baby's mouth, and this can cause early childhood cavities. You and other caregivers should never share utensils with your baby. Never test your baby's bottle with your mouth. And never clean your baby's pacifier with your mouth or saliva.
- Give your baby a cold **teething ring** when he starts to teeth. You can also rub your baby's sore gums with a cold, wet washcloth.
- Do not dip pacifiers in honey, sugar, or other sweet foods. This can damage your baby's teeth. Also, remember that *honey is never safe* to give to babies during their first year.
- Brush the front and the back of your baby's teeth. Make sure to brush your baby's gum line too.
- Do not give your baby sweets, like candy, soda, or pudding. Don't give your baby juice until after the first birthday.

- Brush your baby's teeth with a soft toothbrush and water, until your baby's doctor says it's OK to use a small amount of baby toothpaste. The amount of toothpaste shouldn't be bigger than a grain of rice. Ask your baby's doctor when you should start using toothpaste with **fluoride** for your baby. They will probably recommend toothpaste not long after the teeth come in. Babies usually get the first tooth when they are 6-10 months old.

Get dental care for yourself and for your baby.

- Start taking your baby to the dentist when she is 6-12 months old.
- Check your baby's teeth for white spots. If you see any, take your baby to the dentist right away. White spots can be signs of early cavities.
- Keep your own mouth healthy so that you don't pass germs to your baby. Brush your teeth two times each day and floss every day. Go to the dentist at least one time each year.

Talk to your Parent Coach or your baby's doctor if you need help finding a dentist for your baby or for yourself.

Secondhand smoke

Babies and children who are around **secondhand smoke** get sick more often than other children. Secondhand smoke can come from **tobacco, clove cigarettes, or marijuana**. The vapor from e-cigarettes (**vaping**) also has toxic chemicals that can harm your baby.

Children who are exposed to secondhand smoke are more likely to have:

- Ear infections
- Coughs and colds
- **Pneumonia, bronchitis**, and other lung diseases
- **Tooth decay**
- SIDS (crib death)

Babies will be born addicted to **nicotine** if their mother smoked a lot. These babies might have to go through withdrawal when they're born. These babies are also more likely to be born premature.

- Don't smoke or use tobacco or marijuana while you're pregnant. This includes vaping. Stay away from secondhand smoke too.
- Don't smoke or use tobacco or marijuana near your infant. This includes vaping. Don't let other people smoke near your baby either.
- Don't let smokers hold your baby for long periods of time. If a smoker wants to hold your baby, ask them to wash their hands and arms, change their clothes, and pull their hair back.



- Don't let anyone smoke when your baby is in the car. In California, it is illegal to smoke when children under age 18 are in the car.
- If someone in your household vapes, make sure the device is stored out of reach so your baby doesn't find it and put it in her mouth.

Marijuana and your baby

It is not safe to use marijuana while you're pregnant. It also is not safe to use while you're breastfeeding. And it's not safe to use when you have children at home with you.

Marijuana can cross through your **placenta** and blood while you're pregnant. This means that it can reach your baby. It will affect how your baby's brain develops. It could also lead to **birth defects**, **miscarriage**, low birth weight, **premature birth**, and even your baby dying.

You can pass the active chemical from marijuana (THC) to your baby while breastfeeding. This might make your baby sleepy. It might also affect his brain development and how he learns and plays.

Marijuana can also make you slower to reply to your baby and other children. You might be less attentive. Do not let anyone who is high take care of your baby. And do not sleep with your baby if you're high — you might smother him.

Learn more on pages 25 and 109 about the effects of marijuana.



If you use marijuana and need help quitting, you can call the SAMHSA (Substance Abuse and Mental Health Services Administration) National Helpline at 800-662-4357. You can also find free services in the Los Angeles area by calling 844-804-7500. Or ask your Parent Coach for information on other organizations that can help you.

Well-baby appointments

Your baby will have a lot of doctor's appointments in her first year. **Well-baby appointments** are important to keep track of your baby's health and development. It is important to go to all of these appointments.

At these appointments, your baby should receive:

- An exam from head to toe
- A measurement of her length, weight, and head size
- Vision and hearing tests
- A dental screening
- Blood, pee, and other tests — if they're needed
- Vaccinations — at most appointments

Your baby's doctor or staff at the clinic will give you important information about your baby's health and development. They'll also give you information about how to take care of your baby.

These appointments are a good time to ask questions. You might want to write down your questions before your appointment so that you don't forget them once you get there.



Well-baby appointments

Below is a list of **well-baby exams** and the shots (vaccines) your baby will get at each one. All babies 6 months and older also should get a flu vaccine every fall.

Exam	Vaccines
At birth	HepB
1-2 months	DTaP, HepB, Hib, PCV13, Polio, Rotavirus
3-4 months	DTaP, Hib, PCV13, Polio, Rotavirus
5-6 months	DTaP, HepB, Hib, PCV13, Polio, Rotavirus
7-9 months	No vaccinations at this appointment.
10-12 months	Chicken pox, HepA, Hib, MMR, PCV13
13-15 months	DTaP

What the vaccines protect from

HepB: Hepatitis B

DTaP: Diphtheria, Tetanus, and Pertussis (whooping cough)

Hib: Meningitis and other infections

PCV13: 13 kinds of bacteria

Some vaccines are given more than once.

Some vaccines need to be given in small doses. The reason for the number of doses necessary depends on the vaccine. Some vaccines need to be given more than once because one dose does not provide enough **immunity** alone. As your baby's body builds immunity to a certain virus or bacteria, they'll be ready to get the next dose. Other vaccines need to be given more than once because after a while immunity begins to wear off. Getting multiple doses of those types of vaccines helps make sure your baby's immunity lasts longer. And some vaccines need to be given twice because not all children respond to them the first time. The only way to know that your baby will respond to those vaccines is to give them more than once.

Reactions to vaccines

Your baby might be fussy or get a mild fever after getting his shots. If you think your baby is having a life-threatening reaction, call 911.

Vaccine facts

Vaccines are important to keep your baby safe from diseases. You may have heard different opinions about them. But doctors, nurses, and public health experts recommend them.

The chart below has important information about vaccines.

Talk to your doctor if you have any questions or concerns about your baby's vaccines. It's better to talk to your doctor and ask questions than to just skip the vaccines.

You can learn more about vaccines in our online library of resources.

There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



True fact	Explanation
Vaccines do not cause autism.	There is no science showing that vaccines cause autism.
Breastfed babies also should be vaccinated.	Breastfeeding is not a substitute for vaccines. Breastfeeding can strengthen your baby's immune system, but it will not protect your child against certain diseases and germs.
Vaccines are tested for safety.	Vaccines must be tested, many times, before they can be used. Vaccines are safe and they work.

Environmental health and your baby

The environment around us can affect babies differently than adults. This is because babies are still developing and building their immune system. It's important to know about indoor and outdoor hazards so you can keep your baby safe.

Some examples of indoor and outdoor environmental hazards are:

- Chipped paint, especially in older homes with **lead**-based paint
- Plants and flowers, including their pollen
- Pets, including fleas, their fur, their litter boxes, and their poop
- Bedbugs, lice, certain insects, bug sprays, and diseases from certain insects (like mosquitoes and fleas)

Babies are constantly exploring their world and environment. This starts as soon as they're born. But, sometimes, it can take years for children to develop health problems that are caused by their environment. These health problems can include asthma, cancer, lead poisoning, and developmental disabilities.

Watch where your baby plays, and check to see what their toys, food, and clothes are made of.

What to look out for

The next column has some guidelines you can use to determine if an item is safe for your baby. If you have doubts about a product, it's best to avoid it.

Toys

- Paint on any toys should be lead-free.
- Art materials should be nontoxic.
- Crayons and paints should say ASTM D-4236 on the package.
- Battery-operated toys should have secure battery cases.
- Check hand-me-down and homemade toys to ensure they are safe.
- Don't give your child polymer clays to play with.

Food

- Do not use traditional pottery to cook, serve, or store food or drinks. It may contain lead.
- Use plastic bottles that are phthalate-free.
- Check the bottom of plastic bottles and choose those labeled number 1, 2, 4, or 5. They are generally considered safer.
- Do not microwave food in plastic.
- Do not let your child eat candies from Mexico that can contain lead.

Clothing

- Avoid scented detergents and fabric softeners. They can leave harmful chemicals on your baby's clothes.
- Avoid buying clothes for your baby with chemical weather-resistant treatments.

Childproof your home

Every year, babies and children have accidents at home. Babies and young children are curious. And they don't always understand what is dangerous.

The most important way that you can keep your baby and child safe at home is to supervise them. You should crawl on your floor, at your baby's level, to look for everything that might be risky for your baby.

Here is a list of other steps you can take to make your home as safe as possible.

Kitchen

- Turn pot handles toward the back of the stove so that your baby can't grab them.
- Supervise your baby and children when they're in the kitchen.
- Keep knives, sharp objects, cleaning products, matches, and cigarette lighters out of reach. Or put safety locks on the drawers or cabinets where you store them.

Bedroom

- Place cribs and beds far from windows, if possible. Babies and toddlers can get caught in drapes, window blind cords, or even fall through window screens.
- Tie curtain cords up high to keep them out of your baby's reach. This will help make sure that a cord doesn't get wrapped around your baby's neck.
- Don't ever leave your baby unattended on a bed or a couch.
- Check the smoke alarms in each bedroom. Change the batteries each year.

Bathroom

- Keep soaps, lotions, shampoos, conditioners, and razors out of reach. Or put child safety locks on cabinets where you store them. This will help make sure that your baby doesn't lick or swallow these products.
- Make sure that all medicine has childproof caps. Also, keep them out of reach or in locked cabinets.
- Don't ever leave your baby alone in the bathtub or near any water — not even for a second. Babies can drown very quickly.

Around your home

- Put childproof covers on all outlets. This is to help make sure that your child doesn't stick their finger or tongue into the plugs.
- Put edge bumpers on sharp corners of furniture, such as square tables.
- Put safety gates at the top and bottom of stairs.
- Keep small or sharp objects out of your baby's reach.

Your Parent Coach will give you some home-safety items. If your baby is at someone else's home while you are at work or school, make sure they are also taking these safety precautions.

Prevent lead poisoning

Babies and toddlers put everything in their mouths. This means that they have a higher risk of lead poisoning than adults.

Lead can be in old, peeling, or chipping paint. It can also be in dust and dirt. And it can be in some toys, Mexican candies, and other items. Too much lead can harm your child's brain, kidneys, liver, or other organs. It can make it hard for your child to learn, pay attention, and behave well.

Keep your child safe from lead.

Be extra careful if you live in a home or apartment that was built before 1978. Repaint areas with peeling or flaking paint, or ask your landlord to do so. If this isn't possible, cover these areas with tape or contact paper. Try to keep your baby and other children away from these areas.

You can also:

- Keep dust out of your home. Use wet sponges and mops to clean dust.
- Wash your children's hands and toys often.
- Avoid home and herbal remedies that may contain lead, such as greta, azarcon, or Pay-loo-ah.
- Do not cook in or serve food or water in brightly-colored, imported pottery.
- Don't let your children eat candies from Mexico that contain lead.



Prevent lead poisoning

If you live with someone who works at a job where lead is present, make sure they change their clothes and shower before they play with your baby and children. This way, they'll wash any lead dust off.

You and your children should stay away from the clothes of people with these kinds of jobs:

- Making or fixing batteries
- Working with lead, brass, or bronze
- Making or fixing radiators
- Making or painting ceramics
- Removing old paint
- Tearing down or remodeling houses, buildings, or bridges
- Soldering or working with scrap metal
- Working at a shooting range

Your Parent Coach can give you a brochure with more information about lead poisoning. Or you can find it at **LABestBabies.org/Parenting**.

Children do not look or act sick if they've been exposed to lead. When your child is 12 months old, she should get a blood test to check the level of lead in her body. Make sure to ask your child's doctor for this important test.



Domestic violence

Domestic violence is when one partner abuses the other. The abuser may also hurt children. It can include physical violence, like hitting, punching, or kicking. But it can also be sexual, verbal, or emotional. Domestic violence can happen in many ways.

If someone is hurting you, you are not alone. You can get help.

Many women experience more domestic violence while they are pregnant. You can talk to your Parent Coach or doctor to get help. If you or your children are ever in immediate danger, call 911.

You can also reach out to any of the resources below — and go to **LABestBabies.org/Parenting** for more resources.

In the Los Angeles area:

- L.A. County Domestic Violence Hotline: 800-978-3600
- Peace Over Violence (PeaceOverViolence.org) — L.A. Rape and Battering hotline:
 - Central Los Angeles: 213-626-3393
 - South Los Angeles: 310-392-8381
 - West San Gabriel Valley: 626-793-3385
- Domestic Shelters: DomesticShelters.org/help/ca/los-angeles
- If your children are being abused, the L.A. County Department of Children and Family Services might be notified.

Across the United States:

- National Domestic Violence Hotline: 800-799-7233, TheHotline.org
- National Coalition Against Domestic Violence: NCADV.org



You got this!

We hope this book has helped you and your baby get off to a good start.

Having a baby can be scary. The idea that a little person is now totally dependent on you — that can be overwhelming for any mom or dad!

But the good news is that anyone can be a great parent. You took the time to participate in Welcome Baby, and you're reading this book to learn about your baby's health and development — that says a lot about you. You should be proud!

You've probably learned more than you realize about helping your baby (and yourself) stay healthy. But keep this book handy and read sections again if questions come up. And don't forget that our online library of resources has a whole lot more. Go to LABestBabies.org/Parenting to view all the resources available.

Knowledge is power, and there's no doubt you have the power to be a wonderful mom or dad! Keep learning, and keep having fun with your little one!



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.



Notes

Notes

Glossary



Glossary

O

4-1-1 pattern Contractions are **4** minutes apart, they last at least **1** minute each time, and this pattern lasts for at least **1** hour

A

Abdomen Belly or tummy area

Allergic reaction A condition that causes someone to become sick or get a rash after eating, touching, or breathing something that is harmless to most people

Amniotic sac The fluid-filled sac that contains and protects a baby in the womb

Amniotomy Intentional rupture of the amniotic sac

Analgesic A drug used to relieve pain

Anemia A condition in which the blood doesn't have enough healthy red blood cells

Anesthetic A drug that causes a person to lose feeling and to feel no pain in part or all of the body

Antibiotic A drug that is used to kill harmful bacteria and to cure infections

Antibodies Proteins in the blood that the body makes in reaction to foreign substances, such as bacteria and viruses

Anxiety Uneasiness or nervousness, especially about what might happen

Areola The circular area of darker skin that surrounds the nipple

Asbestos A soft gray mineral that does not burn, was used as a building material in the past, and that can cause serious diseases of the lungs when people breathe its dust

Assisted vaginal delivery The use of forceps or a suction device to help guide the baby's head out of the birth canal

Asymmetrical latch A breastfeeding latch technique; when the baby's mouth is open wide and he has all of the nipple and some of the areola in his mouth

Attachment The emotional relationship between a baby and the people who spend the most time caring for the baby

B

Babbling What an infant does to make different sounds before being able to produce recognizable words

Baby blues A feeling of sadness that someone might experience after they have given birth to a baby

Bassinet A small bed for a baby that looks like a basket and that usually has a hood or cover over one end

Bath seat A device to help with bathing infants, it sits partially submerged in water

Bilirubin A yellow substance in the body that is formed when red blood cells break down. High levels of bilirubin in the blood cause jaundice in newborns

Bind To tie, secure, or fasten

Birth canal The passageway through which a baby passes during birth

Birth control Any method, medicine, or device used to prevent pregnancy; also known as contraception

Birth defects Structural changes present at birth that can affect how a part of the body (e.g., heart, brain, foot) looks and/or works

Birth plan A guide that parents-to-be make to help doctors and nurses best support them during labor and delivery

Birth spacing The time in between one child's birth and the next pregnancy

Blood clots The masses or lumps that form when blood thickens and changes from liquid into a solid state

Blood pressure A measure of the pressure at which the blood is sent by the heart through the body

Blood sugar The amount of sugar in blood

Bloody show A thick vaginal discharge that contains mucus and blood from the cervix

Board book A book with thick, cardboard pages, or chewy, squishy pages

Bond To form a close relationship with someone such as your baby

Bottle feeding The act of feeding a baby with milk from a bottle

Bowel movement Movement of poop, also known as stool or feces, through and out of the body

Brain chemistry The structure of the brain and how it communicates with itself and processes information

Braxton Hicks contractions False or “practice” labor pains; irregular contractions of the uterus that occur during pregnancy but are not associated with labor

Breastfeeding The feeding of babies or infants with milk from the breast, also known as nursing

Breastmilk A liquid (milk) produced by a female’s body to feed a baby

Breech position When the baby’s feet or butt are where the head should be — facing the opening of the birth canal

Bronchitis A lung disease that causes coughing and shortness of breath

C

Cannabidiol (CBD) A compound found in cannabis plants and one of the ingredients in marijuana

Catheter A tube for putting fluids into the body, or helping them flow out of the body

Cavities Tiny holes or openings formed in a tooth by decay

CBD oils A concentrate, tincture, or cannabis extract with a high concentration

of cannabidiol (CBD), typically extracted from marijuana or industrial hemp

Cervix The lower, narrow end of the uterus at the top of the vagina; neck of the womb

Cesarean birth See *Cesarean section*

Cesarean section (C-section) A surgical procedure used to deliver a baby by cutting through the walls of the abdomen and uterus, also known as cesarean birth

Chemical (1) A substance produced by or used in a chemical process; (2) Neurotransmitters that affect how the brain communicates with your body and can change how you feel, how your brain develops, how your body moves, and more

Child spacing See *birth spacing*

Chlamydia A sexually transmitted infection caused by bacteria

Circumcision The surgical removal of a fold of skin called the foreskin that covers the glans (head) of the penis

Citrus A juicy fruit (such as an orange, grapefruit, or lemon) that has a thick skin and that comes from a tree or shrub that grows in warm areas

Clots Changes from a liquid (like blood) into a thick mass or lump

Clove cigarettes Unfiltered cigarettes, also known as kreteks, made with a blend of tobacco, cloves and other ingredients

Cluster feed The action of feeding at close intervals at certain times of the day; a time when a baby wants lots of short feeds over a few hours

Co-sleeper A crib or bed that attaches to the side of a parent’s bed to help with feeding and comforting the baby during the night

Co-sleeping The practice of parents and young children sleeping in the same bed

Colic A physical condition in which a baby cries for long periods of time

Colostrum The first fluid, rich in antibodies, secreted by the breast for several days just after the birth of a baby

Condoms A form of birth control and barrier method to stop sperm from entering the vagina

Constipation When it is hard to poop

Continuous monitoring To keep track of, watch/observe without interruption

Contraction A movement of a muscle that causes it to tighten up and then relax; labor pains

Cooing A sound like “ahh” or “ooh” that shows a baby is starting to develop control of the muscles needed for talking

Cope To deal with and attempt to overcome problems and difficulties

Copper IUD A small, T-shaped piece of plastic inserted into the uterus to provide birth control

Cord prolapse When the umbilical cord slips through the cervix before the baby’s head does during childbirth

Cramp A sudden, painful tightening of a muscle

Crowning When the baby’s head becomes visible in the birth canal

Cues Signs, body language, and movement that a baby uses to communicate

Cup feeding A feeding method using a cup to provide expressed breastmilk or formula to a baby

Cystic fibrosis A disease that causes thick, sticky mucus to build up in the lungs, digestive tract, and other areas of the body

D

Dehydration A condition that happens when the body does not have enough water

Delivery Giving birth

Depression Strong feelings of sadness for a period of at least 2 weeks

Developmental milestones Skills or behaviors that most children perform at around a certain age; these are the building blocks for growth and continued learning

Diaphragm A flexible rubber cup that is filled with spermicidal cream or jelly and placed into the vagina before intercourse to provide birth control

Dietary supplements A product taken orally that contains one or more ingredients (such

as vitamins or amino acids) that add to your diet but are not considered food

Dietician A specialist who understands the effect of food on the body, and who can help people make a healthy-eating plan

Dilate/dilation When the cervix opens up to allow the baby to go through the birth canal

Discharge (1) Leave the hospital to go home; (2) Something that comes out of your body (leaking/secretions)

Domestic violence Abusive behavior within the home, typically involving the violent abuse of a spouse or partner

Doppler A hand-held instrument used to detect the baby’s heartbeat during pregnancy

Double electric A type of breast pump that can be used to draw breastmilk from both breasts at the same time

Douche A flow of liquid or vapor directed onto or into a part of the body

Doula A trained professional who provides information along with physical and emotional support to a mother before, during and shortly after childbirth

Due date The estimated date that the baby will be born

Duration The length of time something lasts

E

Early labor See *premature labor*

Eclampsia A serious condition where high blood pressure results in seizures during pregnancy

Edema Swelling caused by extra fluid in the body

Edibles Food items containing THC, the main active ingredient of cannabis/marijuana

Effaced/effacement The shortening and thinning of the cervix that is caused by the uterus contracting

Elective induction When labor is induced for a non-medical reason, for matters of convenience or preference

Emergency contraception Methods of birth

control (contraception) that can be used to prevent pregnancy after sexual intercourse

Engorged When the breast tissue overfills with milk, blood, and other fluids, which causes the breasts to feel full, become hard, and painful

Epidural An injection of a substance into a person's spine to cause the lower part of the body to become unable to feel pain

Episiotomy A surgical cut made to the area between the vagina and anus (perineum) to expand the vaginal opening for delivery

F

Fallopian tubes The tubes in a female's body that carry the egg from the ovary to the uterus (the womb)

Family planning The process of deciding how many children you have and when you have them

Fatty foods Food containing a lot of fat

Feeding log A sheet used to write down and keep track of how often a baby is eating and pooping

Fetal monitor Elastic belts around a pregnant person's belly that measure contractions and the baby's heartbeat during labor

Fiber A substance found in plants that aids in digestion and helps prevent constipation

Flange A breast pump piece that positions directly over the nipple to form a vacuum seal over the areola

Fluoride A compound that is sometimes added to drinking water and toothpaste to help keep teeth healthy

Folate The common form of vitamin B9 present in many whole foods; important to take before and during pregnancy

Folic acid The synthetic form of folate, which is available in pill form and that reduces the risk of major birth defects of the baby's brain and spine when taken before and during pregnancy

Fontanel A soft spot (opening) in the skull of an infant that has tough coverings to protect the brain and surrounding tissues

Foreskin A layer of skin covering the end of the penis

Formula A substance usually mixed with water to feed babies or infants; a substitute for, or supplement to, breastmilk

Frequency The rate at which something occurs or is repeated over a particular period of time

Fundus The large upper end of the uterus

G

Gassy foods Foods that cause intestinal gas

Gestational diabetes A type of diabetes that develops during pregnancy

Golden hour The first hour after birth of uninterrupted skin-to-skin contact with the newborn

Gonorrhea A sexually transmitted infection (STI) caused by bacteria that can cause infections in the genitals, rectum, and throat

Grief Deep sadness caused especially by someone's death

Group B Strep (GBS) A type of bacteria that can grow in the intestine, vagina, and anus and can be dangerous to newborn babies

Growth spurts A sudden burst in a baby or infant's growth that is accompanied by a brief period of increased feeding

Guardrail A railing that is placed as a barrier along the edge of something, like a bed

H

Heartburn A burning discomfort in the chest, just behind the breastbone, caused by the stomach not digesting food correctly

Heart disease A condition that affects the heart or blood vessels and can make a heart attack more likely

Heart rate The number of times the heart beats per minute

Hematoma A thick mass of blood anywhere in the body resulting from an injury or blood disorder

Hemorrhoids Swollen and inflamed veins around the anus or in the lower rectum that cause it to hurt and bleed when pooping

Herbal supplement A product taken by mouth (such as a tablet, capsule, powder, or liquid) that contains one or more herbs

Herpes A sexually transmitted infection (STI) that causes infected sores or blisters

High blood pressure Also known as hypertension, a medical condition in which blood travels through the body with too much force

HIV/AIDS The human immunodeficiency virus (HIV), which attacks cells that help the body fight infection. If left untreated, HIV can cause acquired immunodeficiency syndrome (AIDS).

Hormone A natural substance that is produced in the body and that influences the way the body grows or develops

Human papillomavirus (HPV) A type of virus that can cause genital warts and cancers, but can be prevented with a vaccine

Hunger cues Signs babies give to let you know when they are hungry or full

Hydrated When the body has the proper amount of water and fluids it needs

I

Immunity The body's ability to resist infection and disease

The Implant A flexible, plastic rod about the size of a matchstick that is inserted under the skin of a female's upper arm and releases progesterin (a hormone) into the body over 3 years to prevent pregnancy

Incision Cut/opening made to the body

Incompetent cervix When the cervix opens too early during pregnancy, which can cause early labor or the loss of an otherwise healthy pregnancy

Inducing labor When a health care provider tries to start labor before it begins on its own

Intermittent monitoring Observing and keeping track of something from time to time

Iron A mineral that occurs in very small amounts in blood and certain food that the body uses to make hemoglobin, a protein

in the red blood cells that carries oxygen to your tissues

IV (intravenous) A thin bendable tube that can be hooked up to tubing that carries fluid, medicine or blood directly into a vein

IV fluids Solution made up of saltwater (saline) or sugar that flows through a tube into a vein on someone's arm or hand

J

Jaundice A buildup of bilirubin (a substance formed from the breakdown of red cells in the blood) that causes the skin and eyes to have a yellowish appearance

K

Kick count chart A graph or grid printed on a piece of paper with spaces to record a baby's kicks in the womb

L

Labor Childbirth; the process of delivering a baby and the placenta

Labor induction When a health care provider gives medicine or uses other methods to make labor start before it begins on its own

Laboring down The practice of waiting an hour or two to push, even though the cervix is fully dilated

Labor pains Discomfort and pains felt during the process of giving birth

Lactation Consultant A professional who helps mothers who want to breastfeed

Latch Refers to how the baby or infant attaches onto the breast to breastfeed

Lead A metal that can be in the air, water, paint, and food, and which can cause brain and nerve damage if eaten in large amounts

Lightening A feeling of less pressure on the diaphragm, making it easier to breathe, often experienced late in pregnancy when the head of the baby enters the pelvis

Listless Showing lack of interest, energy, or spirit

Lochia Vaginal discharge after giving birth

M

Male sterilization See *vasectomy*

Marijuana The dried leaves and flowers of the hemp plant that are smoked, vaped, or consumed for their intoxicating effect; also known as weed, pot, bud or herb

Maxi-pad A large absorbency pad

Meconium The sticky, thick, dark green substance that forms the first poop of a newborn

Meditate To focus your mind completely as a method of relaxation and stress relief

Membrane A thin layer that surrounds something, acting as a boundary by separating and protecting it

Mercury A silver-white poisonous heavy metallic element that is liquid at ordinary temperatures and is used especially in batteries, in dental amalgam, and in scientific instruments

Midwife A person (usually a woman) who is trained to assist women in childbirth

Milk ducts The small tubes that carry breastmilk from where it is made in the glandular tissue of the breast out to the nipple

Minerals Substances that are found in certain foods and that are important for good health

Miscarriage When pregnancy ends too early and does not result in the birth of a live baby

Mood swings Big changes in the way someone is feeling, sometimes for no apparent reason

Morning-after methods/protection Types of emergency birth control (contraception) used to prevent pregnancy for women who have had unprotected sex or whose birth control method has failed

Morning-after pill A type of emergency birth control (contraception) taken orally to prevent pregnancy for women who have had unprotected sex or whose birth control method has failed

Morning sickness The feeling of nausea that sometimes occurs in the morning, especially

during the earlier months of pregnancy

Mouthing When a baby is smacking or licking their lips, or opening their mouth; a hunger cue

Mucus plug A thick clump of mucus that forms during pregnancy, helping to block the cervix and protect the baby

N

Neck nestling When the baby's head is snuggled in the area between the neck and chest of the person carrying the baby

Neonatal Intensive Care Unit (NICU)

A nursery in a hospital that provides intensive care to sick or premature babies

Nesting urge A burst of energy that women often get in the last few weeks of pregnancy that makes them want to get the home ready for the baby

Newborn Intensive Care Unit (NICU) See *Neonatal Intensive Care Unit*

Nicotine An addictive drug found in tobacco

Nipple (1) One of the two small, round parts at the tip of a person's chest that are darker than the area around them; (2) A piece of rubber or plastic which is attached to the top of a baby's bottle

Nipple flow The amount of breastmilk or formula that passes through the bottle to the baby during feeding

Nipple shield A cap or dome, usually made of plastic, placed over the nipple and areola during nursing to permit the flow of milk, provide a larger surface for the baby to latch onto, and protect the breast if it is sore

Nursing The feeding of babies with milk from the breast, also known as breastfeeding

Nursing pad A cloth or disposable pad worn against the nipple and breast to absorb milk that may leak between feedings

Nutrient A substance that people need to live, stay healthy, and grow

O

Ovaries A female's reproductive organs in which the eggs form and the hormones

estrogen and progesterone are made

Oxytocin A hormone made in the body that helps with labor by causing contractions of the uterus; also helps with the release of milk from the breasts

P

Paced bottle feeding A method of bottle feeding that allows the infant to be more in control of the feeding pace

Paragard IUD A copper intrauterine device (IUD) that can provide long-term birth control; see *copper IUD*

Parasite An organism that lives in, with, or on another organism and gets food or protection from it

Parent Coach A professional in the Welcome Baby program who is trained to provide information, guidance, and support to parents and caregivers

Pasteurization Treatment of foods (such as milk and fruit juice) with mild heat to kill germs

The Patch A small patch worn on the skin that releases estrogen and progesterin hormones into the bloodstream to provide birth control (contraception)

Pelvic exam A physical exam of the vagina, cervix, uterus, fallopian tubes, ovaries, and rectum

Pelvic rocks An exercise that can relieve back pain and improve flexibility

Pelvis A bowl-shaped set of bones that connects the upper part of the body with the legs

Peri bottle A bottle specifically made to help clean the area between the vagina and anus easily and gently after giving birth

Perineum or perineal area The area between the vagina and anus

Pesticides A chemical substance used to kill, repel, or control insects, small animals, and other unwanted organisms

Phototherapy The use of a special type of light to treat various conditions, including jaundice

Pitocin An artificial form of a hormone

called oxytocin used to induce labor

Placenta An organ that forms inside the uterus during pregnancy, providing nutrients to, and taking waste away from, the baby

Placenta previa When the placenta is blocking the cervix

Placental abruption When the placenta separates early from the uterus

Pneumonia An infection of the lungs

Positioning Refers to the placement of the baby while breastfeeding

Positive stress Short-term stress that is generally considered harmless

Postpartum period See *postpartum*

Postpartum Related to the period of 6-8 weeks after giving birth

Practice labor See *Braxton Hicks contractions*

Pre-eclampsia A condition of high blood pressure and signs of damage to another organ system, most often the liver and kidneys, that can develop during pregnancy or after giving birth

Preconception care Refers to what can be done before and between pregnancies to increase the chances of a having a healthy pregnancy and baby

Premature Being born more than three weeks before the estimated due date; born before the 37th week of pregnancy

Premature birth See *premature*

Premature labor Labor that starts before 37 weeks of pregnancy

Prenatal Before birth; during or related to pregnancy

Prenatal vitamins Supplements that contain daily vitamins and minerals needed before and during pregnancy to support the growth and development of the pregnant person and the baby

Progesterin IUD A T-shaped plastic device inserted into the uterus that can provide long-term birth control (contraception)

Prostaglandins Medicine that helps start contractions and induce labor

Protective factors Positive influences that

can improve the lives of individuals and guard against toxic stress

Protein A substance found in foods (such as meat, milk, eggs, tofu, and beans) that is an important part of the human diet

Pubic area The area just above a person's genitals

Pubic bone One of the bones that make up the pelvis, also known as the pubis

Pulse The beating of the heart; the number of times the heart beats for a period of time, usually per minute

Pump (1) A device used for extracting and collecting milk from the breast during lactation, also known as a breast pump; (2) When a female uses a breast pump to draw breastmilk from the breast

Pumping Using a breast pump to draw breastmilk from the breast

Q

Quadruple screen (Quad screen) A blood test done during pregnancy to see whether the baby is at risk for certain birth defects

R

Rooting A reflex in which the baby's head turns toward a stimulus; used to find the breast nipple or a bottle nipple

S

Saline lock Small plastic tube (catheter) that gets inserted into the hand or arm that can be sealed when an IV is not in use

Screen time Time spent using a device with a screen, such as a computer, television, phone, or tablet

Secondhand smoke Smoke from a cigarette, cigar, vape, or pipe that can be inhaled by people who are near the person who is smoking

Self-care The practice of looking after your own wellbeing; taking care of yourself

Semen A thick, whitish liquid containing sperm that is produced by a male's sex organs

Separation anxiety Anxiety that babies or young children may feel when they are separated (or about to be separated) from their parent/caregiver

Sexually transmitted disease (STD)

A disease that can be spread from one person to another through sex

Sexually transmitted infection (STI) An infection that can be spread from one person to another through sex; some STI's can lead to STD's

Shaken Baby Syndrome A serious brain injury caused by violently shaking an infant or toddler

The Shot An injection of the hormone progesterin that prevents pregnancy for 3 months

Shoulder dystocia A situation during labor when a baby's shoulders get stuck inside the pregnant person's body after the baby's head has come out, potentially requiring extra steps to deliver the baby

Sickle cell A blood disorder that makes red blood cells change shape and cause health problems

Single electric A type of breast pump that can be used to draw breastmilk from one breast at a time

Sitz bath A bath in which only the buttocks and hips are immersed in water; a method for easing pain and swelling in the genitals

Skin-to-skin The practice where a baby is placed chest-to-chest on bare skin with a caregiver

Sleep pattern A person's schedule of bedtime, wake-up time, and napping

Sling A pouch supported by straps at the shoulders or neck, used to carry a small baby next to your chest

Snip See *vasectomy*

Speculum exam An exam where the doctor inserts an instrument called a speculum into the vagina to look inside

Sperm A cell produced by the male's sex organs that can cause pregnancy when it meets and fertilizes a female's egg

Spinal headache A type of headache that

may happen after an epidural or other procedure that involves the spine

Squirt bottle See *peri bottle*

Sterile Not able to produce children

Sterilization Medical procedure for men or women that permanently prevents pregnancy

Stitches A threadlike material used to close a cut or tear of the skin

Stool softener Medication that softens poop to make it easier to pass

Suckling The process of a baby drawing milk from the breast or bottle into her mouth

Sudden Infant Death Syndrome (SIDS) The death of a seemingly healthy baby less than a year old that happens for no known reason and usually during sleep; also known as crib death

Supplemental nursing system A tube-feeding system that can be attached to the breast to give extra breastmilk or formula to the baby while nursing

Suppository A small piece of solid medicine that is placed in the rectum or vagina and left there to dissolve

Swaddle To wrap a baby tightly with a blanket or pieces of cloth

Syphilis A sexually transmitted infection (STI) caused by a type of bacteria

Syringe A device used to inject fluids into or take fluids out of the body

Syringe feeding A feeding method to provide expressed breastmilk or formula to a baby with a syringe (without a needle)

T

Tay-Sachs A rare disorder passed from parent to child that destroys nerve cells in the brain and spinal cord

Teether A toy that is made for babies to bite on during their teething stage

Teething ring A small ring made for a baby or infant to bite while they are in the teething stage

Teething The stage when a baby's primary teeth start to appear through their gums

Thaw To make something become liquid or soft after being frozen

Thyroid A gland at the base of the neck that produces hormones which affect growth, development, and how the body uses energy

Tobacco The leaves of the tobacco plant that have been dried and prepared for smoking or ingestion

Tolerable stress Longer-term stress that is more challenging than positive stress but is tolerable because at least one loving adult is able to help the baby or child manage their stress

Tooth decay The breakdown of the outer surface of a tooth, causing cavities

Toxic stress The most harmful stress response where you are exposed to negative experiences over a long period of time without support that can affect the physical and mental well-being of a person

Transverse position When the baby is lying sideways in the belly, rather than in a head-down position

Trauma An event that is very difficult, unpleasant, or disturbing; causes lasting negative effects (such as mental or emotional health problems)

Trichomonas A sexually transmitted infection caused by a parasite; can cause foul-smelling discharge, genital itching, and painful urination in women

True labor Uterine contractions leading to cervical changes

Tubal ligation A surgical procedure for women that permanently prevents pregnancy by tying the fallopian tubes; also known as having your tubes tied or tubal sterilization

Tuberculosis A serious infectious disease that can attack many parts of a person's body, especially the lungs

Tubes tied See *tubal ligation*

Tummy time The time a baby spends on their stomach while awake and someone is watching, intended to help them build strength needed for sitting up, rolling over, crawling, and walking

Two-way communication When a person communicates something and receives a response from another person

Type 2 diabetes A long-term (chronic) disease in which the body is resistant to insulin or does not use insulin well and cannot regulate the amount of sugar in the blood

U

Umbilical cord A long, narrow tube that connects the unborn baby to the placenta, through which it receives oxygen and food

Unpasteurized Not pasteurized (see *pasteurization*)

Urinary tract infections An infection in any part of the urinary system, including the kidneys, bladder, or urethra; often abbreviated as UTI

Urination The passing of urine (pee)

Uterine rupture A tear in the wall of the uterus during pregnancy or childbirth

Uterus Where a baby grows during pregnancy, also known as the womb; a muscular organ in the female pelvis

V

Vaginal discharge Secretions from the vagina

Vaginal infection Infection of the vagina

Vaginal labor The process of delivering the baby through the vagina

Vaginal ring A small soft, plastic ring placed inside the vagina that releases the hormones estrogen and progesterin in order to prevent pregnancy

Vaping Inhaling vapor created by an electronic cigarette or other device

Varicose veins Veins that are abnormally swollen or made larger or wider

Vasectomy A permanent birth control method for men in which the tube that carries sperm is removed; also known as male sterilization

Vertebrae The small circular bones that make up the spine

Virus An extremely small particle that causes a disease and that spreads from one person or animal to another

Vitamin A substance that is needed for normal cell function, growth, and development

Vitamin A A natural substance that is usually found in foods and that helps the body to be healthy

Vitamin C An important vitamin that is found in many fruits and vegetables and that helps the body grow and repair itself

W

Warm compress Something used to apply heat to the body (damp washcloth, microwaveable pad, wheat pack, or electrical or chemical pad)

Water bag See *amniotic sac*

Wean or weaning The gradual process of getting a baby or infant to stop breastfeeding

Well-baby appointments Routine doctor visits that are important to keep track of a baby's health and development and to provide important vaccines

Well-baby exams The exams completed during well-baby appointments

WIC (Women, Infants, and Children) A program that provides food, health care referrals, and nutrition education for low-income pregnant and postpartum women, and to infants and children up to age five

Witch hazel A liquid that is put on the skin if it is sore or damaged, in order to help it to heal

Womb See *uterus*

Wound An injury that cuts or breaks the skin

Wrap A single, long piece of fabric worn around an adult's torso to hold a baby or young child

Welcome Baby provides home visits to help you during pregnancy and early parenthood.

Welcome Baby is a free program from First 5 LA that supports pregnant people and families with newborns in L.A. County. The program provides personal health and parenting education, plus support with breastfeeding, home safety, and infant development. It also helps families find local community resources that can help them.

**Welcome Baby is FREE — no matter your income, insurance, or immigration status — if you plan to deliver at one of these hospitals.
Call now to sign up — or visit WelcomeBabySupport.org!**

Antelope Valley Medical Center

Lancaster, CA (661) 942-4719
Serving the Best Start Lancaster and Palmdale communities

California Hospital Medical Center

Los Angeles, CA (213) 342-3127
Serving the Best Start Metro LA community

Emanate Health

Queen of the Valley Hospital
West Covina, CA (626) 851-2749
Serving the Best Start El Monte / South El Monte communities

Martin Luther King, Jr. Community Hospital

Los Angeles, CA
(323) 242-5000, ext. 2205
Serving the Best Start South and Central LA communities

MemorialCare Miller Children's and Women's Hospital Long Beach

Long Beach, CA (562) 933-2410
Serving the Best Start Long Beach, Compton, and Wilmington communities

Northridge Hospital Medical Center

Northridge, CA (818) 885-3575
Serving the Best Start Pacoima and Panorama City communities

Providence Holy Cross Medical Center

Mission Hills, CA (818) 496-4173
Serving the Best Start Pacoima and Panorama City communities

St. Francis Medical Center

Lynwood, CA (310) 900-4710
Serving the Best Start South and East LA communities

St. Mary Medical Center

Long Beach, CA (562) 491-4841
Serving the Best Start Central Long Beach, Compton, and Wilmington communities

Torrance Memorial Medical Center

Wilmington, CA (310) 514-5444
Serving the Best Start Wilmington community

White Memorial Medical Center

Los Angeles, CA
(323) 260-5712
Serving the Best Start East LA and South East LA communities





Tell your pregnant friends and family to sign up for Welcome Baby!

WelcomeBabySupport.org



There's more online!

Point your phone camera to this box or visit LABestBabies.org/Parenting for more information on the topics covered in this book.