My Welcome Baby Book
Congratulations on your pregnancy! Whether this is your first pregnancy or you’re already a mom, 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. Your Welcome Baby Book offers an overview of many topics that will be useful on your journey. It can help you:

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

It includes places for you to write questions for your doctor, reflect on what you are feeling, track your baby’s growth and development, and other useful tools. Your Parent Coach and Nurse will also offer other materials and resources to meet your individual needs. Please feel free to ask for other information.

Welcome Baby is a First 5 LA funded program that works with families to maximize the health, safety and security of the baby and parent-child relationship and to facilitate access to support and services when needed. Participating hospitals and partners work in partnership to implement the program to serve families within and outside of First 5 LA’s Best Start communities and surrounding areas.

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Important Phone Numbers

My Welcome Baby Parent Coach

Name: ____________________________________________________________

Number: _________________________________________________________

My clinic or doctor's office: _________________________________________

My baby's pediatrician: _____________________________________________

Hospital maternity department: ______________________________________

WIC: _____________________________________________________________

Poison Control: (800) 222-1222

Breastfeeding helpline: ____________________________________________

County eligibility worker (for enrolling yourself and your baby for public benefits):

_______________________________________________________________

Medi-Cal Health and Nutrition Hotline (for information on applying for Medi-Cal or CalFresh/Food Stamps): (877) 597-4777

L.A. County Health and Social Services helpline (24 hours a day, seven days a week): 211

For all life-threatening emergencies call 9-1-1.
Use this book to track your progress through the program and the steps you take toward becoming a mother. Your Parent Coach will initial the log at each visit or after each call.

Welcome Baby Program Visits

FIRST OR SECOND TRIMESTER OF PREGNANCY

20–32 WEEKS OF PREGNANCY

THIRD TRIMESTER OF PREGNANCY

POSTPARTUM HOSPITAL VISIT

NURSE HOME VISIT WITHIN THE FIRST WEEK

BABY’S 2–4 WEEKS

BABY’S 2 MONTHS

BABY’S 3–4 MONTHS

BABY’S 9 MONTHS
SECTION 1
Pregnancy

TOPICS • Taking care of yourself • Your baby’s development • Discomforts and warning signs • Healthy eating • Dental care

SECTION 2
Emotional Health During Pregnancy

TOPICS • What you may be feeling • Stress and depression worksheet • Support from friends and family • Your safety • Preparing siblings for new baby

SECTION 3
Giving Birth

TOPICS • What to expect • Timing contractions • Types of labor • Stages of labor and what to expect • When to go to the hospital • Description of medical procedures • What to pack checklist • Birth plan

SECTION 4
Postpartum

TOPICS • Taking care of your body • Doctor visits • Healthy eating chart • Birth control options

SECTION 5
My Baby

TOPICS • Pictures of you and your baby • Important milestones

SECTION 6
Emotional Health Postpartum

TOPICS • New feelings • Depression • Support from friends and family • Stress and depression worksheet • Siblings’ new feelings

SECTION 7
Breastfeeding

TOPICS • How-to • Baby’s first week • You can make enough milk • Growth spurts • Returning to school/work • Solid foods • How long to breastfeed

SECTION 8
Growth and Development

TOPICS • Bonding • Carrying your baby • Talking to your baby • Baby’s signals • Colic • Sleep • Development month to month • Tummy time • Crawling and walking • Child care

SECTION 9
Health and Safety

TOPICS • Belly button • Diapers • Holding baby • When to call the doctor • Car seats • Sleeping area • Smoking • Well-baby visits • Safety checklist • Paint • Dental care
Pregnancy
A Healthy Baby Starts with a Healthy Mom

Good health habits are more important now that you are pregnant. The choices you make will help both you and your baby to be healthy.

- Go to all of your prenatal visits, even if you’re feeling fine.
- Be sure to take your prenatal vitamins every day.
- Eat healthy foods.
- Stay active and exercise, if your doctor or midwife says it’s okay.
- Get as much rest as your body needs.
- Avoid alcohol, drugs, tobacco smoke, and other things that can hurt your baby.

Taking care of yourself emotionally is also important. Your mind, body, spirit, and even relationships all have an impact on your health. Some ways to take care of yourself emotionally 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 yourself emotionally in the next section of the book. The next few pages will discuss how to take care of your physical health. Remember, you can always talk to your Parent Coach if you have any questions or want more information.
A Healthy Baby Starts with a Healthy Mom

Below is a space for you to put a picture of yourself while pregnant and to write down some memories. You may want to remember the amazing changes in your body during this special time.

I first found out I was pregnant on ____________________________ date.

The first person I told was ________________________________ name.

My due date is ________________________________ date.

Place a picture of yourself while pregnant here

Me at _____________ months
Date _____________________
Prenatal Visits

From the moment you find out you are pregnant, doctor visits (also known as prenatal visits) become necessary. These visits are very important to make sure you and your baby are healthy. They also give you an opportunity to get answers to any questions or concerns you may have.

- During your first and second trimester, your visits will be once a month, unless you have special medical needs. If you have medical risks, you may need to see the doctor or midwife more often.

- During your third trimester, your doctor or midwife may begin seeing you more frequently.

- In your eighth month, your visits will be every two weeks.

- In your ninth month, they will be every week. This will allow your doctor or midwife to check on how your baby is developing more closely. He or she will also check the position of your baby and see how close you may be to delivery.

A typical prenatal visit consists of the doctor or staff checking:

- Your weight
- Your urine
- Your blood pressure
- Your baby’s heartbeat
- Measurement of your belly, which helps determine your baby’s growth

Other tests will be done at certain points in your pregnancy. These tests may include a blood test, ultrasound, alphafetoprotein (AFP) test, and others.

It is important for you to have answers to all your questions. You can use the space below to write questions that you’d like to ask the doctor or midwife at your visits. Your Parent Coach can help you feel more comfortable asking questions.

Questions for my doctor or midwife:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
How Your Baby is Developing: The First Trimester

Although it may seem like you just found out you are pregnant, your baby has been developing very rapidly. In the early stages of your pregnancy, you will not feel the development taking place. You may not even have known you were pregnant during this critical time.

**How your body is changing**

- You may notice skin changes, such as a “glow” from increased blood flow or acne from extra oil.
- You may feel moody or extra tired.
- You may have more vaginal discharge.
- You may have swollen or tender breasts.

**How your baby is developing**

- All of the major organs, including the brain, heart, spinal cord, and intestines are developing.
- Bones and muscles start to form.
- Muscles can contract and your baby can make a fist.
- The baby weighs about one ounce and is about three inches long at the end of this stage.
- The mouth, lower jaw, and throat are developing.
- The baby’s heartbeat can usually be heard with a special instrument called a Doppler.

**How are you feeling about your pregnancy?**
How Your Baby is Developing: The First Trimester

First Trimester
(Up to 12 weeks pregnant)

Bonding Tip
Your baby will start to hear your voice and will remember it once he or she is born. So talk to your baby!

Health Tip
Be sure to eat healthy, manage stress, and take prenatal vitamins to ensure you are giving your baby the healthiest start possible.
How Your Baby is Developing: The Second Trimester

You’ve almost made it to the halfway mark of your pregnancy and your baby is continuing to grow and develop rapidly. During this period, you will start to feel your baby move. Once your baby starts moving regularly you should feel your baby move every day.

How your body is changing

• The early discomforts of pregnancy may be wearing off and you may be enjoying your pregnancy more.

• You may have skin changes, such as darkened patches on your face (pregnancy mask); a dark line down the middle of your belly; or dry, itchy skin, especially on your belly.

• Your belly is growing and you may need to start wearing bigger clothes or even maternity clothing.

• You may start to notice fluttering movements in your belly.

How your baby is developing

• The eyebrows, eyelashes, and fingernails form. Your baby now has his or her own unique fingerprint!

• Your unborn baby can swallow, hear, and suck his or her thumb.

• The baby’s real hair will start to grow by the end of this trimester.

• In girls, all of the eggs will develop in her ovaries. In boys, the testicles will drop down from the abdomen into the scrotum.

• Your baby will start a regular sleep and wake cycle.

• The baby weighs a little over two pounds and is about 14 inches long.

• Your baby’s immune system is continuing to mature.

Feeling your baby kick for the first time is exciting!

Take a moment to write about the first time you felt your baby kick. When did it happen? What did it feel like? Where were you when you felt the kick?
How Your Baby is Developing: The Second Trimester

Second Trimester
(About 13 to 27 weeks pregnant)

Bonding Tip
Rub your belly. Your baby will like being touched and it feels nice for you too.

Health Tip
Regular exercise, such as walking, swimming, dancing, or yoga will help you stay healthy and feel better. Exercise can help you lift your mood, reduce backaches, prevent constipation, prevent varicose veins, and improve your sleep.
How Your Baby is Developing: The Third Trimester

You are entering the final weeks of your pregnancy. The third trimester begins at 28 weeks and ends once you deliver the baby at about 40 weeks. You have done so much to make sure you and your baby remain healthy. During these last weeks, your baby (and your belly) will grow a great deal.

**How your body is changing**

- It may become more difficult to sleep and get comfortable because of your growing belly.
- You may feel Braxton-Hicks contractions (practice labor pains).
- Your baby is getting bigger so your belly may push up on your lungs which may make it harder for you to breathe.
- Your breasts are continuing to grow and you may have a milky discharge.
- You may need to go to the bathroom often as the growing baby puts pressure on your bladder.

**How your baby is developing**

- Your baby can hear and recognize your voice. He or she may even respond to music.
- Your baby is practicing grabbing and sucking. He or she may be sucking her thumb.
- By the end of this trimester, your baby has eyelashes and eyebrows and may have a full head of hair. Your baby might also be born bald.
- Nails have grown to the tips of the fingers and toes.
- Most babies move to a head-down position in the uterus toward the end of the third trimester, with the head on the mother’s pubic bone.
- The lungs are the last major organ to finish developing.
- All of your baby’s organs and body parts are formed and working.

During the seventh month your doctor or midwife may want you to count your baby’s kicks or you may want to do it. This is a good way to check on your baby’s health. Your Parent Coach can give you a handout explaining how to count your baby’s kicks.
How Your Baby is Developing:
The Third Trimester

**Third Trimester**
(About 28 weeks to birth)

**Bonding Tip**
Now that your baby recognizes your voice, sing to your baby while rubbing your belly. You will notice your baby’s reactions. Your baby may begin to move around or kick. The songs you sing while your baby is in your body can be continued even after they are born.

**Health Tip**
Toward the end of your third trimester, you may begin to feel very tired again. Continue to rest as needed, and eat a healthy diet which includes having small, frequent meals or snacks.
Typical Pregnancy Discomforts

Being pregnant can be exciting and at the same time your body is going through many changes. Some of the changes can be uncomfortable. Below are a few common discomforts you may feel at different times during your pregnancy and what you can do to feel better. Every woman is different and every pregnancy is different. If you have specific questions or at any time become concerned, contact your doctor or clinic.

<table>
<thead>
<tr>
<th>Common discomfort</th>
<th>What you can do to feel better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning sickness/nausea/vomiting (it can happen at any time of the day or evening)</td>
<td>Eat crackers before you get out of bed. Eat small, frequent meals.</td>
</tr>
<tr>
<td>Mild cramping as your uterus and ligaments stretch</td>
<td>Get plenty of rest. Avoid sudden movements, change positions slowly, or try a pregnancy support belt.</td>
</tr>
<tr>
<td>Heartburn</td>
<td>Avoid big meals and greasy, spicy foods.</td>
</tr>
<tr>
<td>Constipation/Hemorrhoids</td>
<td>Drink plenty of water and eat foods that are rich in fiber, like whole grains, fruits, and vegetables. Try to exercise or increase your activity, like walking. If you’re constipated, avoid pushing.</td>
</tr>
<tr>
<td>Frequent urination</td>
<td>This is normal. Don’t limit fluids.</td>
</tr>
<tr>
<td>Backaches</td>
<td>Rest with your feet elevated. Use good posture. Do back exercises, such as pelvic rocks (see below).</td>
</tr>
</tbody>
</table>

Pelvic Rocks

![Pelvic Rocks Image]
## Typical Pregnancy Discomforts

<table>
<thead>
<tr>
<th>Common discomfort</th>
<th>What you can do to feel better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stuffy nose or nose bleeds</td>
<td>Increased blood flow can make the inside of your nose swollen or dry. Drink lots of fluids or try using a humidifier.</td>
</tr>
<tr>
<td>Feeling off balance because you are carrying additional weight</td>
<td>Wear flats or shoes with low heels.</td>
</tr>
<tr>
<td>Difficulty sleeping (it may be difficult to get into a comfortable position)</td>
<td>Use extra pillows under your belly and between your legs.</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Try to exercise each day. Take naps or at least lie down once a day.</td>
</tr>
<tr>
<td>Lower leg cramps</td>
<td>Bend your foot up toward you (don’t point your toes). Walk regularly and be sure to get enough calcium.</td>
</tr>
<tr>
<td>Varicose Veins/ Swelling of feet and ankles</td>
<td>Elevate 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 for long periods without taking breaks to move around.</td>
</tr>
</tbody>
</table>
Warning Signs During Pregnancy

Many changes take place in your body during pregnancy. Knowing what is normal and what needs immediate attention from your doctor or midwife can be confusing.

**Call your doctor or clinic immediately if you have any of the following:**

- Sharp pains or cramps in your abdomen or back
- Regular contractions or labor pains, whether or not you are close to your due date
- Bleeding from your vagina
- A very small amount of urine, especially if you have had severe vomiting or diarrhea
- A severe headache that won’t go away
- Sudden fever or chills
- Sudden weight gain
- Your baby has stopped moving or is moving much less
- Dizziness, spots before your eyes, or blurry vision
- Fluid leaking or gushing from your vagina
- Pain or burning during urination
- Your hands, face, or feet are suddenly very swollen

If you cannot reach your clinic, go immediately to the emergency room at the nearest hospital. A doctor will determine whether or not you need to be admitted and how serious the symptoms are.
Some women may start labor early (before 37 weeks of pregnancy). Babies born too soon can have serious health problems and may need to stay in the hospital longer. Taking good care of yourself can help prevent this. In some cases, your baby may be born early even if you are doing everything right.

**What can I do to prevent it?**

- Avoid smoking, drinking alcohol, and using drugs.
- Eat a healthy diet and gain the right amount of weight for you.
- Limit stress. If you have lots of worries, try to manage them by relaxing, resting, exercising, and getting support by talking to someone you trust.
- Avoid infections. This can include avoiding sick people and foods that can make you sick. If you have signs of an infection in your gums such as swelling, bleeding when brushing or flossing, or if you notice pain and puffiness in your gums, be sure to visit the dentist.
- Go to all of your prenatal visits so they can make sure you are not having problems with high blood pressure, diabetes, or other medical problems.
- If you’ve already had a premature baby, you may have early labor again. Be sure to tell your doctor or midwife because he or she may need to provide special care.

**Signs of premature labor**

- Contractions (labor pains) that make your belly feel tight every ten 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

If you feel any of these signs, call your doctor right away or go to the hospital.
Eating Healthy During Pregnancy

Good nutrition is one of the most important ways to ensure the best health for you and your baby. Gaining weight too fast or not gaining enough weight can be a sign that a mother may not be eating as she needs to during pregnancy. Your doctor or midwife will work closely with you to monitor your weight gain.

The weight gain recommendations vary depending on your pre-pregnancy weight. Women who are at a normal weight should gain 25 to 35 pounds. More weight gain is needed if you are thin, and less weight gain is needed if you are heavier.

Tips for healthy weight gain during pregnancy

- Eat small meals or snacks every two to three hours.
- Replace junk food with healthy snacks such as fruits, nuts, and whole grain crackers.
- Drink six to eight glasses of water a day.
- Limit sugar intake from juices and soda.

The WIC program provides nutrition education and healthy foods for pregnant and postpartum women, infants and children. If you aren’t already enrolled, call (888) WIC-WORKS (1-888-942-9675) to find out if you qualify.

Eating while pregnant is a new experience.

You may be experiencing cravings* for specific foods; there may be certain foods you no longer like; or your appetite may have changed. Take a moment to write down some of these experiences below, along with some healthy food choices you have made during pregnancy.

* Talk to your doctor or WIC dietitian if you are craving non-food items like starch, clay, dirt, etc.
## Eating Healthy During Pregnancy

<table>
<thead>
<tr>
<th>Foods</th>
<th>Amount per day</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Breads, Grains and Cereals** | 7–9 servings   | Bread: 1 slice = 1 serving  
Tortilla: 1 = 1 serving 
Bagel: \(\frac{1}{2}\) = 1 serving  
English muffin: \(\frac{1}{2}\) = 1 serving 
Dry cereal: \(\frac{3}{4}\) cup = 1 serving 
Cooked cereal: \(\frac{1}{2}\) cup = 1 serving 
Rice, noodles: \(\frac{1}{2}\) cup = 1 serving 
Crackers: 4 = 1 serving  
Eat more whole grain foods. |
| **Vegetables**             | 3 cups          | Cooked and raw  
Try to eat dark green or orange vegetables daily. Be sure to wash all fruits and vegetables well. |
| **Fruits**                 | 2 cups          | Fresh fruit  
Frozen or canned fruit 
Juice: \(\frac{3}{4}\) cup = 1 serving  
Choose a variety of fresh fruit most of the time rather than juice. |
| **Dairy**                  | 3–4 servings    | Milk: 1 cup = 1 serving  
Cheese: \(\frac{1}{2}\) oz = 1 serving  
Cottage cheese: \(\frac{1}{2}\) cup = 1 serving  
Yogurt: 1 cup = 1 serving  
Choose mostly non-fat or low-fat options. Avoid soft, unpasteurized cheeses, like feta, brie, gorgonzola, queso blanco, queso fresco, and panela. These can carry bacteria that can be dangerous for your baby. |
| **Protein Foods**          | 2–3 servings    | Chicken, turkey, fish, beef, pork: 2–3 oz = 1 serving  
Eggs: 1 egg = 1 serving  
Peanut butter: 2 tbsp = 1 serving  
Beans/lentils: \(\frac{1}{2}\) cup = 1 serving  
Tofu: \(\frac{1}{2}\) cup = 1 serving  
Choose lower fat options like chicken, turkey, fish, and non-animal protein. Avoid raw or undercooked meat, seafood, and eggs as they can carry parasites and bacteria that can cause infections. |

**Fats, Oils, and Sweets (cakes, cookies, chips, ice cream, sweet bread, etc.):** Eat these only once in a while, but not daily.
Substances to Avoid

Your unborn baby is depending on you to live a healthy lifestyle. The choices you make about food, medicines, and other substances can directly affect the development and health of your baby. Be sure to let all healthcare professionals know you are pregnant when being prescribed medications.

If you think you may have a drug or alcohol problem, seek professional help immediately. Your Parent Coach can provide support and resources for organizations in your community.

These are substances you should avoid while pregnant:

- **Cigarettes/tobacco smoke**: May cause your baby to be born too early, too small and sick.
- **Alcohol**: Can hurt your baby’s body and brain development and the damage can last throughout his or her life.
- **Illegal drugs**: Marijuana, cocaine, ecstasy, amphetamines, or any other street drug can put your baby at risk for miscarriage, birth defects, behavior problems, and being born too early or too small.
- **Over-the-counter and prescription medicines**: Take only those that your doctor has told you are safe.
- **Herbal remedies**: Even herbs and “natural” remedies can have risks so ask your doctor before taking any.
- **Caffeine**: It is best to limit the amount to 200 milligrams per day (the amount in one 12 oz cup of coffee) or avoid it completely. Remember that sodas, teas, chocolate, and other foods and drinks can also have caffeine. Too much caffeine can increase your risk of miscarriage.
- **Chemicals**: Avoid or limit your exposure to cleaning products, paint, paint thinner, glues, sprays, nail polish, polish removers, and pesticides (bug sprays).
- **Lead**: Can cause your baby to be born too early or too small and have health and learning problems. Lead can be found in paint, dust from peeling paint, some toys, some pottery, soil, some Mexican candy, and other items.
- **Mercury**: Avoid eating sushi, ceviche and fish that is high in mercury such as shark, tilefish, swordfish, and king mackerel. You can eat fish that is low in mercury twice per week (two six-ounce meals). Choose chunk light tuna since albacore has more mercury.
- **Cat litter**: Can contain a parasite that can cause an infection that may lead to a miscarriage or a very serious infection in your baby. Babies with this infection can become blind, deaf, or have brain damage. If you have a cat, make sure someone else cleans the litter box.
The health of your teeth and gums can directly affect you and your baby’s health. Taking good care of your teeth and gums while pregnant can reduce the risk of the following:

- Pain and tooth decay
- Bleeding gums
- Tooth loss
- An early (premature) and/or low birth weight baby
- Tooth decay in your baby (passing germs in your mouth to your baby’s mouth can cause early childhood cavities; see page 106 for more information)

While pregnant, it is important to get a dental check up to detect any possible problems with your teeth as early as possible. Many pregnant women do not see a dentist because they believe or have heard that x-rays and dental treatment are not safe during pregnancy. This is not true. **Dental care, including x-rays during pregnancy, can be done safely and benefit both mother and baby.**

Your Parent Coach can help you find a dentist who will provide dental care during your pregnancy. A few things you can do to have good oral health are:

- Drink water or low-fat milk instead of juices and soda.
- Eat fewer sweets like candy, cookies, or cake.
- Floss once a day before bedtime.
- If you vomit, rinse your mouth with water.
- Brush your teeth with a soft toothbrush and toothpaste with fluoride at least twice a day.
Emotional Health During Pregnancy
Being pregnant can be an exciting time in a woman’s life and in the lives of the people around her. It can also bring challenges. There are changes taking place daily within your body, your hormone levels are changing, and you may have mixed emotions.

These changes and other factors can lead to stress. Other issues that may add to stress are:

- Worries about money
- Conflicts with your family or partner
- Concerns over housing
- Stress at work
- Health problems with you or a family member
- Worrying about your baby’s health
- Wondering how your other children will react to a new sibling
- Concerns about being a “good mother”
- Mixed feelings about pregnancy, especially if it wasn’t planned
- Lack of support from your partner or family
- Concerns about giving birth or breastfeeding
Your Feelings During Pregnancy

It is important to keep stress under control by eating right, exercising, sleeping, and getting support from someone you trust. Sometimes the stress in our lives becomes overwhelming and we may begin to feel sad or worried. Sadness and mood changes can be normal during pregnancy. However, if you are feeling sad for long periods of time or you have difficulty doing your daily tasks, it is possible that you might be depressed. Here are some things you might be experiencing:

• Feeling sad for two weeks or more
• Lack of energy, wanting to sleep all the time
• Loss of appetite or overeating
• Feelings of hopelessness, like nothing will ever get better
• Loss of interest in fun things
• Not being able to sleep on a daily basis (insomnia)
• Irritability
• Difficulty staying focused
• Worrying too much or feeling overwhelmed
• Mood swings: feeling very happy then very sad
• Feeling like you are not good enough
• Irrational thinking: seeing or hearing things that are not there

Team up with your Parent Coach

If you think you may be depressed or suffering from stress, talk with your Parent Coach. She can provide you with resources and techniques to help you. The next page has a list of activities that may help reduce your stress and sadness. Being healthy physically and emotionally is important for you and your baby’s development. The best thing you can do for your baby is to take care of YOU!
Managing Stress and Depression Worksheet

Things you can do to help yourself:

1. Stay active.
   Examples: Walking, dancing, yoga
   I will spend at least ______ minutes doing _______________________ at least ______ times per week.
   How likely are you to do this during the next week?
   Not likely 1 2 3 4 5 6 7 8 9 10 Very likely

2. Do something fun each day.
   Examples: Do a hobby, watch a movie, listen to music
   I will spend at least ______ minutes doing _______________________ at least ______ times per week.
   How likely are you to do this during the next week?
   Not likely 1 2 3 4 5 6 7 8 9 10 Very likely

3. Spend time with people who help or support you.
   Examples: Talk with a friend, walk with a friend, hugs help
   People I will talk to or spend time with: ____________________________
   How likely are you to do this during the next week?
   Not likely 1 2 3 4 5 6 7 8 9 10 Very likely
Managing Stress and Depression Worksheet

4. Practice relaxing.
Examples: Do deep breathing, practice relaxing your body, take a warm bath

I will practice relaxing at least _______ times for at least _______ minutes each time.

How likely are you to do this during the next week?
Not likely 1 2 3 4 5 6 7 8 9 10 Very likely

5. Set simple goals.
Do not expect too much too soon. Delay big decisions until you are feeling better. Break your goals into small steps. Give yourself credit for each thing you do.

What I want to achieve is:

Step 1 ________________________________
Step 2 ________________________________
Step 3 ________________________________
Support from Family and Friends

Having supportive people in your life is especially important when you are pregnant. Support can include things like having someone to talk to who understands what you’re feeling, encouragement to take good care of yourself, or even help with housework and chores. Some women get this support from their partner or husband and others from family or friends. If you are a single mother, it is just as important to find supportive people who can help you during pregnancy and after the baby is born. What’s important is that you find someone who you can count on to be there for you.

There are many ways that the important people in your life can offer support, such as:

• Helping with housework.
• Helping you with running errands (go to the grocery store or laundromat).
• Going for walks with you.
• Going with you to doctor’s appointments.
• Listening as you share your concerns, excitement and fears.

Support from the baby’s father

Fathers are important during pregnancy. If the father of your baby is a part of your life, be sure to give him lots of chances to offer you support. He can do the things in the previous section, as well as:

• Encourage you to eat a healthy diet.
• Remind you to take your prenatal vitamin daily.
• Go with you to parenting, breastfeeding, and childbirth classes.
• Protect you and the baby from second hand smoke. If he smokes, this is a good time for him to work on quitting, or at least not smoke around you.
• Bond with the baby by talking or reading to your belly every day. The baby will remember his voice once he or she is born.

What are some other ways the father of the baby, family, or friends can give you support?

Think about some things that would be helpful and share them with the people supporting you.
No One Has the Right to Hurt You

No one deserves to be hurt, especially not a pregnant woman or her unborn baby. Pregnant women are especially at risk because pregnancy can bring about feelings of stress and financial worries. Abuse can happen in any family. There are different types of abuse: physical, verbal, emotional and sexual, as well as economic abuse. Below are some questions to ask yourself.

• Are you scared of your partner’s temper?
• Do you agree to do things because you do not want your partner to get mad?
• Have you ever been kicked, hit, or shoved by your partner?
• Have you ever been prevented from seeing friends or spending time with your family?
• Do you feel isolated and alone?
• Does alcohol or drug use by your partner lead to violence or screaming?
• Does your partner threaten to keep money from you?
• Does your partner threaten to take the kids away?

If you answered yes to any of these questions, you may be in an abusive relationship. Get help for you and your baby. Below are phone numbers to 24-hour hotlines. You can also talk about your concerns with your Parent Coach.

If you are being abused, it is not your fault.
If at any time you feel your life is threatened, call 911.
Preparing Siblings for the New Baby

As the time to deliver your new baby nears, you may be concerned about how your other child/children will feel. This is normal. There are a number of things you can do to prepare your child for the new baby.

• Let them listen to your belly and feel for kicks.
• Read books about having a new sibling.
• Talk about when they were babies and show them pictures.
• Allow your child to choose what the baby will wear home.
• Talk to your child about being a big brother or sister.
• Prepare your child for what will happen when you are in the hospital by letting him or her know how long you will be away and who will take care of him or her.
• Tell your child that the new baby will need a lot of your attention.
• Assure him or her that you will always love him or her.

This is a time of change for everyone. Your child may be feeling excitement and fear just like you are. Your child will need extra hugs, kisses, and attention to help them feel secure with the changes.

Talk with your Parent Coach about any concerns you may have about your child’s behavior. Your Parent Coach can also offer additional ways to prepare your child or children for the new sibling.
Journal

The space below is for you to write about:

• How you’re feeling about being pregnant.
• Anything else on your mind.

__________________________________________________________________________
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Giving Birth
Preparing for Your Baby’s Birth

As you near the end of your pregnancy, you may have some questions about what is next.

• 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 cope with the pain?

The discomfort and pain of labor can be different for every woman and each birth can be different, even for the same woman. Women’s tolerance for pain can vary and each person may react differently. Fear can make your birth more difficult because the more tense you get, the more you will tighten your muscles. Muscle tension creates more pain.

Understanding the process and preparing for it can help reduce your fear. You can do this by:

• Taking childbirth preparation classes.
• Practicing breathing and relaxation techniques that you learn in childbirth preparation classes.
• Finding a support person that will be supportive and helpful during labor.

Part of preparing is also thinking about your goals for your birth experience.

• How do you see yourself coping with labor?
• What are your previous experiences with pain?
• How involved do you want to be in making decisions about pain medication?
• Do you want to avoid using pain medication?

How does pain medication fit into your picture of labor?
Preparing for Your Baby’s Birth

The next pages will describe the stages of labor and delivery, what can be expected, and ways to cope. This information is only an overview. It is strongly recommended that you attend childbirth preparation classes where you will learn much more about the birth process and breathing and relaxation techniques. Your Parent Coach can help you find classes near you.

Before labor begins

Toward the end of your pregnancy, you may begin to notice signs that your body is preparing for labor and delivery, including:

- **Lightening** — the baby dropping into position.
- **Braxton-Hicks contractions** — early contractions that are preparing you for true labor. They may feel like your uterus (womb) tightening.
- **Mucus plug may come out** — the mucus that formed in your cervix to protect the baby may come out gradually or in larger amounts that look like a thick discharge. It is also called “bloody show” because the discharge can have blood in it.
- **Nesting** — this may feel like a burst of energy that may make you want to clean or prepare for the baby. Try not to overdo it. You will need to save your energy for labor.
- **Digestive changes** — some women have nausea and/or diarrhea at the beginning of labor.

What if my water breaks?

The bag of water (the sac with the amniotic fluid) may break before you start to feel contractions or while you are in labor. For some women, it will be very obvious because the water gushes out. For others, it may be a trickle. In either case, it is important to go to the hospital, even if you are not yet having contractions. Waiting too long can lead to an infection.

Words to know

- **Contractions** — labor pains
- **Cervix** — the neck or opening of the uterus (womb)
- **Dilate/Dilation** — the cervix opening up to allow for the baby to pass through the birth canal
How to Know When You’re in Labor

As your due date nears, it’s important to know the difference between true labor and false labor. You may have Braxton-Hicks contractions (practice labor) during the last few months or weeks of pregnancy. Below are the signs that can help you understand the difference.

<table>
<thead>
<tr>
<th>True labor</th>
<th>False labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discomfort in the back and lower abdomen</td>
<td>Discomfort mostly in lower abdomen</td>
</tr>
<tr>
<td>Contractions get closer over time</td>
<td>Contractions are spaced randomly</td>
</tr>
<tr>
<td>Contractions get stronger over time</td>
<td>Contractions don’t get stronger</td>
</tr>
<tr>
<td>Contractions don’t stop with walking</td>
<td>Contractions may stop or lessen with walking</td>
</tr>
</tbody>
</table>

**Timing Contractions**

You will also need to know how to time the contractions to see if they are becoming more regular. You will need to keep track of two things: **frequency** and **duration**.

- Use a clock or watch with a second hand.
- Write the time from the beginning of one contraction to the beginning of the next one. This is the frequency. Frequency is measured in minutes.
- Write down how long the contraction lasts. This is the duration. Duration is measured in seconds.

**When to go to the hospital**

**If this is your first baby**, go to the hospital when your contractions are all of the following:

- 4 minutes apart (frequency)
- Lasting for at least 1 minute (duration)
- This pattern lasts for at least 1 hour
- 4-1-1

**If this is not your first baby**, go to the hospital when your contractions are all of the following:

- 5 minutes apart
- Lasting for at least 45 seconds
- This pattern lasts for at least 1 hour
- 5-45-1
What to Pack for the Hospital

The time has come to go to the hospital. There are a number of items you can take. Keep in mind that if it is a normal delivery, you will not be there long. Below are some things you want to remember to pack.

- Medi-Cal Card
- Camera/video camera
- Cell phone with charger
- Music to help you relax
- Inspirational photo or item to use as a focal point during breathing/relaxation
- Oils or lotions for massaging
- Massage tools: tennis ball in sock, massage roller, etc.
- Lip balm/chap stick
- Socks and/or slippers
- Robe
- Toiletries (toothbrush, face wash, etc.) for you and your support person
- Snacks for your support person
- Clothes to wear home. You will still have a tummy, so bring maternity clothes.
- Nursing bra
- Receiving blankets
- Your Birth Plan (Page 41 of this section)
- A going home outfit for the baby

You can use the lines below to write down any other items you or your support person may want to take.

- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
What Happens During Labor and Delivery

It is important to know what to expect during labor and the birth of your baby. The more you know, the better prepared you will be to understand and know what to do to cope with each stage.

**Early Labor**

<table>
<thead>
<tr>
<th>What you may experience</th>
<th>Ways to cope</th>
</tr>
</thead>
<tbody>
<tr>
<td>This stage starts when true labor begins and lasts until the cervix is dilated to 3 cm. <em>(Averages 7–8 hours)</em></td>
<td>Rest and save your energy; you will need it soon.</td>
</tr>
<tr>
<td>It is best to stay at home during this time.</td>
<td>Don’t use breathing techniques yet because they can tire you out.</td>
</tr>
<tr>
<td>• Contraction: 5–15 minutes apart and lasting 30–40 seconds.</td>
<td>• Practice staying relaxed.</td>
</tr>
<tr>
<td>• Contraction: mild. They may feel like menstrual cramps.</td>
<td>• Eat light snacks and drink clear liquids.</td>
</tr>
<tr>
<td>• You may have loose stool (diarrhea).</td>
<td>• Time the contractions and write them down.</td>
</tr>
<tr>
<td>• You may feel excited.</td>
<td></td>
</tr>
<tr>
<td>• You may be talkative.</td>
<td></td>
</tr>
</tbody>
</table>

**Dilation in Early Labor**

![Dilation in Early Labor](image)
# What Happens During Labor and Delivery

## Active Labor

<table>
<thead>
<tr>
<th>What you may experience</th>
<th>Ways to cope</th>
</tr>
</thead>
<tbody>
<tr>
<td>This stage is dilation from 4–7 cm.</td>
<td>• Use breathing and relaxation techniques.</td>
</tr>
<tr>
<td><em>(Averages 4–5 hours)</em></td>
<td>• Do abdominal massage.</td>
</tr>
<tr>
<td>Go to the hospital once your contractions are 4–5 minutes apart.</td>
<td>• Try not to fight the contractions.</td>
</tr>
<tr>
<td>• Contractions: 3–5 minutes apart and lasting 40–60 seconds.</td>
<td>• Choose something to focus on (a picture, a relaxing image). This will help you not focus on the pain.</td>
</tr>
<tr>
<td>• Contractions will get stronger and closer together.</td>
<td>• Visualize a relaxing place or the work of labor being done.</td>
</tr>
<tr>
<td>• Pressure or tightening in the pubic area.</td>
<td>• Go to the bathroom every 1–2 hours to keep your bladder empty.</td>
</tr>
<tr>
<td>• You may get nauseous or vomit.</td>
<td>• Try to stay comfortable with pillows.</td>
</tr>
<tr>
<td>• You might sweat and get dry mouth.</td>
<td>• Apply heat or cold to your back.</td>
</tr>
<tr>
<td>• You may start to feel restless and have a harder time staying relaxed.</td>
<td>• Have support person apply pressure on your back.</td>
</tr>
<tr>
<td>• Use breathing and relaxation techniques.</td>
<td>• Get in a shower or tub, if possible.</td>
</tr>
<tr>
<td>• Do abdominal massage.</td>
<td>• Walk as much as you can.</td>
</tr>
<tr>
<td>• Try not to fight the contractions.</td>
<td>• Change positions frequently (standing, squatting hands and knees, kneeling, side-lying, sitting on a birth ball, sitting backwards on a chair, etc).</td>
</tr>
<tr>
<td>• Choose something to focus on (a picture, a relaxing image). This will help you not focus on the pain.</td>
<td>• Suck on ice chips or hard candy.</td>
</tr>
</tbody>
</table>
What Happens During Labor and Delivery

Dilation in Active Labor

4 cm to 7 cm

Cervix

Bag of water

Vagina
## What Happens During Labor and Delivery

### Transition

<table>
<thead>
<tr>
<th>What you may experience</th>
<th>Ways to cope</th>
</tr>
</thead>
</table>
| This stage is dilation from 8–10 cm.  
(Averages 30 minutes–2 hours) |  • Contractions: 2–3 minutes apart and lasting 60–90 seconds. |
|                         |  • This is the most difficult phase, but the shortest. |
|                         |  • You may feel out of control and discouraged. |
|                         |  • Your legs may shake. |
|                         |  • You may feel very hot or very cold. |
|                         |  • You may feel rectal pressure and get the urge to push. |
|                         |  • Rely on your support person to help you get through this phase. |
|                         |  • Try to rest between contractions. |
|                         |  • Change positions (squatting, hands and knees, side-lying, forward leaning, etc.). |
|                         |  • Use breathing techniques to avoid pushing. |
|                         |  • Remember that this signals that the birth is very close. |
What Happens During Labor and Delivery

Dilation in Transition

8 cm to 10 cm
## What Happens During Labor and Delivery

### Pushing and Delivery

<table>
<thead>
<tr>
<th>What you may experience</th>
<th>Ways to cope</th>
</tr>
</thead>
<tbody>
<tr>
<td>This stage is from full dilation to the birth of the baby. <em>(Averages a few minutes to 3 hours)</em></td>
<td>• Get in an upright position (avoid laying flat on your back).</td>
</tr>
<tr>
<td>• Your contractions may be less frequent and last 60–90 seconds.</td>
<td>• Ask for cool washcloths or ice chips if you need to cool down.</td>
</tr>
<tr>
<td>• You will feel the urge to push, like having a bowel movement (unless you’ve had an epidural).</td>
<td>• Pant or blow if the doctor asks you to stop pushing.</td>
</tr>
<tr>
<td>• You may get back your energy.</td>
<td></td>
</tr>
<tr>
<td>• You may feel stretching and burning when baby’s head crowns.</td>
<td></td>
</tr>
<tr>
<td>• Your legs may still shake.</td>
<td></td>
</tr>
<tr>
<td>• Pushing may feel like a relief.</td>
<td></td>
</tr>
</tbody>
</table>
What Happens During Labor and Delivery

Delivery of the Placenta

<table>
<thead>
<tr>
<th>What you may experience</th>
<th>Ways to cope</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will continue to have contractions that will help you push out (deliver) the placenta (afterbirth). (Averages 5 – 15 minutes)</td>
<td>• Ask to hold your baby skin-to-skin.</td>
</tr>
<tr>
<td>• You may feel very happy now that the baby is here.</td>
<td>• Put the baby to your breast to nurse.</td>
</tr>
<tr>
<td>• You may feel overwhelmed and tired.</td>
<td></td>
</tr>
<tr>
<td>• Your contractions will slow down.</td>
<td></td>
</tr>
</tbody>
</table>
Understanding Medical Procedures

Below are some of the more common medical procedures. There are others that you can learn about in childbirth preparation classes or you can ask your Parent Coach, doctor, or midwife for more information. Some medical procedures may become necessary during labor. In other cases their use is up to you. The most important outcome is a safe delivery and a healthy baby.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefits</th>
<th>Drawbacks and alternatives</th>
</tr>
</thead>
</table>
| **IV Fluids** – A saline or sugar solution flowing through a tube that is inserted into a vein on your arm. | • This will keep you hydrated and provide calories.  
• It will make it easier to give you medication if you want or need it. | • It will be more difficult for you to move, walk, and change positions.  
• Small risk of soreness, swelling, and pain at the site.  
**Alternatives:**  
• **Saline lock** – A small plastic catheter inserted into your hand and sealed. An IV line and bag can be quickly attached.  
• Sipping water or juice or sucking on ice chips. |
| **Fetal Monitor** – Two elastic belts around your belly to measure the contractions and the baby’s heartbeat. | • You can see contractions.  
• The nurse and doctor can see how contractions or a procedure are affecting baby’s heart rate. | • Limits your ability to move, walk, and change positions.  
**Alternative:**  
• You can ask for the monitoring to be done for a few minutes each hour (intermittently) instead of continuously. |
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefits</th>
<th>Drawbacks and alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IV Pain Medication</strong> –</td>
<td>• Reduces pain.</td>
<td>• It may make you drowsy, dizzy, or nauseous and you may vomit.</td>
</tr>
<tr>
<td>A pain reliever (analgesic)</td>
<td>• Can help you relax between contractions.</td>
<td>• It may lower your blood pressure.</td>
</tr>
<tr>
<td>that lessens pain, but does not cause numbness.</td>
<td></td>
<td>• If it is given early, it can make labor longer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• It can make the baby sleepy and make breastfeeding difficult at first.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Alternatives:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Natural methods of pain relief, such as relaxation and breathing techniques.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Epidural</td>
</tr>
<tr>
<td><strong>Epidural</strong> – An anesthetic</td>
<td>• It blocks the feeling of the contractions.</td>
<td>• If it is given early, it can make labor longer.</td>
</tr>
<tr>
<td>given through a catheter</td>
<td>• Provides pain relief in the abdomen, lower back, and birth canal.</td>
<td>• It can make it very difficult for you to push during delivery and make that stage last longer.</td>
</tr>
<tr>
<td>(tube) inserted into the spaces between the vertebrae in your spine.</td>
<td></td>
<td>• Limits your ability to move, walk, and change positions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• It can make your blood pressure too low.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• It can make the baby’s heart rate drop.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Since it requires that you also have IV fluids, you may build up too much fluid. This can make breastfeeding more difficult.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• You may get a “spinal headache.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• It can lead to other medical procedures, like pitocin or a C-section.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Alternatives:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Natural methods of pain relief, such as relaxation and breathing techniques.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Analgesic pain medication.</td>
</tr>
</tbody>
</table>
## Understanding Medical Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Benefits</th>
<th>Drawbacks and alternatives</th>
</tr>
</thead>
</table>
| **Pitocin** – An artificial form of the hormone oxytocin that causes the uterus to contract. It is given through an IV in your arm. | • It starts labor (inducing) or helps speed up labor if it has stopped or slowed down. | • Must be on a fetal monitor continuously.  
• It makes the labor pains more intense.  
• It can increase your risk of having a C-section.  
• It can increase the risk of the baby having fetal distress (the baby’s heart rate dropping).  
**Alternatives:**  
• To start labor, the doctor can sweep or strip the membranes (separating the bag of waters from the uterus).  
• To speed up labor, you can walk and get in an upright position. |
| **Episiotomy** – A surgical incision (cut) on the perineum (the area between the vaginal opening and the anus). | • Makes the vaginal opening larger to allow for the baby to come out more quickly. | • There is a risk of the incision extending or tearing more.  
• It can be painful after delivery as it is healing.  
**Alternatives:**  
• Massaging the perineum before and during delivery.  
• Pushing in different positions and not flat on your back.  
• Allowing the area to tear on its own as needed (a natural tear heals more easily). |
My Birth Plan

A birth plan helps hospitals know your wishes during labor and delivery. Think about what you want and write it down. Discuss it with your doctor or midwife on your next visit.

Take your plan to the hospital with you. However, medical complications can change plans at the last minute. Here are some things to consider for your birth plan.

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 photographs or video during the delivery.

☐ I want a natural childbirth without any drugs.

☐ I want to walk and move around as much as possible during labor.

☐ I would like to see my baby being born.

☐ I want to hold my baby right after he/she is born, skin-to-skin, “Golden Hour.”

☐ I want to breastfeed my baby within the first 30 minutes after delivery.

☐ I want to breastfeed exclusively (no bottles and no formula).

☐ I want my baby to “room in” and stay with me as much as possible.

☐ Other ____________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

Signature of mother
Postpartum
Taking Care of Yourself After Giving Birth

Now that your baby is here, your body must recover. Here are some important ways to take care of yourself.

Breasts

• Wear a supportive bra. If you are breastfeeding, wear a nursing bra, but avoid underwire.

• If your breasts get too full (engorged), nurse often, take a warm shower or apply moist, warm towels. If you aren’t breastfeeding, use ice packs.

• Avoid using soap on your nipples. Soap can dry them and isn’t needed. They self clean!

• Use nursing pads to absorb leaking milk.

Your Bottom

• Wipe front to back. If the hospital gave you a peri-bottle, use it to clean yourself. If you have stitches from a cut or tear, they will dissolve on their own.

• Change your pad every time you use the bathroom.

• It is normal to have bright red, heavy bleeding with some clots for the first few days after birth. By about the fourth day, it may be less heavy and more pinkish. By about day ten, it may be a yellowish-white discharge that will gradually disappear after two to four weeks. If you start to bleed bright red blood again after four days, or it increases in amount, you are doing too much. Rest more!

• Nothing should be put into the vagina for six weeks: no sex, tampons, or douching.

Rest and Activity

• Try to sleep when the baby sleeps or at least rest.

• Don’t lift anything heavier than your baby. No heavy lifting for four weeks if you had a vaginal birth. If you had a C-section, no heavy lifting for six weeks.

• It is okay to start light physical activity, such as walking.

• It is also good for you to go outside and get fresh air.

Bathing

• It is fine to shower right away if you gave birth vaginally.

• If you had a C-section, follow your doctor’s instructions.
Taking Care of Yourself After Giving Birth

Postpartum Visit

• Call your doctor or clinic as soon as you can to schedule your six-week postpartum check-up appointment.

• It is very important you keep this appointment. The doctor or midwife will give you a complete check-up and see how you have recovered from childbirth.

• This will also be the time to get a birth control method.

Call the doctor if you have any of these warning signs:

• Fever or chills
• Your bleeding smells bad
• You are soaking more than two pads in one hour
• Redness, swelling, discharge, bleeding, or increased pain at the site of your C-section incision
• Pain, redness, swelling, or tenderness in your calves or thighs (do not massage or rub it)
• Pain while urinating or urinating a lot with only small amounts coming out

• Hard, painful, red lumps in your breasts
• Severe or constant headaches
• Problems with your vision, such as blurring, dimming, seeing double, or seeing flashing lights
• Severe or constant vomiting
• The site of your IV insertion becomes painful, tender, or inflamed
• Severe or constant pain in your abdomen

If you have any questions, you can call the nurse or your doctor.
Eating Healthy After Giving Birth

After giving birth, good nutrition continues to be important. Eating well will help you recover more quickly. You should also continue taking your prenatal vitamin daily.

<table>
<thead>
<tr>
<th>Foods</th>
<th>Amount per day if you are breastfeeding</th>
<th>Amount per day if you are not breastfeeding</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breads, Grains and Cereals</td>
<td>7–10 servings</td>
<td>6 servings</td>
<td>Bread: 1 slice = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tortilla: 1 = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bagel: 1/2 = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>English muffin: 1/2 = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dry cereal: 3/4 cup = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cooked cereal: 1/2 cup = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rice, noodles: 1/2 cup = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Crackers: 4 = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Make half of your grains whole.</td>
</tr>
<tr>
<td>Vegetables</td>
<td>3 cups</td>
<td>3 cups</td>
<td>Cooked and raw</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Try to eat dark green or orange vegetables daily.</td>
</tr>
<tr>
<td>Fruits</td>
<td>2 cups</td>
<td>2 cups</td>
<td>Fresh fruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Frozen or canned fruit</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Juice: 3/4 cup = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Choose a variety of fresh fruit rather than juice most of the time.</td>
</tr>
<tr>
<td>Dairy</td>
<td>4 servings</td>
<td>3 servings</td>
<td>Milk: 1 cup = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cheese: 1 1/2 oz = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cottage cheese: 1/2 cup = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yogurt: 1 cup = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Choose mostly non-fat or low-fat options.</td>
</tr>
<tr>
<td>Protein Foods</td>
<td>2–4 servings</td>
<td>2–3 servings</td>
<td>Chicken, turkey, fish, beef, pork:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2–3 oz = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Eggs: 1 = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Peanut butter: 2 tbsp = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Beans/lentils: 1/2 cup = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tofu: 1/2 cup = 1 serving</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Choose lower fat options like chicken, turkey, fish, and non-animal protein.</td>
</tr>
</tbody>
</table>
Eating Healthy After Giving Birth

Diet and Breastfeeding

- Most foods can be eaten in moderation. You don’t need to avoid gassy or spicy foods unless your baby has a reaction.
- Avoid alcohol and limit caffeine (coffee, some teas, most sodas, and chocolate).

Keep it Simple

Let friends and family help you by making nutritious meals after childbirth. Meals you can freeze are helpful. You can pull them out of the freezer for use on extra busy days. Choose foods that require little or no preparation. Quick, nutritious foods include:

- Fresh fruit
- Eggs scrambled with vegetables
- Grilled cheese sandwiches
- Bean and cheese burritos
- Low-fat yogurt with nuts and raisins
- Tuna salad
- Peanut butter sandwich on whole wheat bread
- Pasta salad with vegetables

Losing Weight

- Breastfeeding burns calories and may help you lose weight faster.
- If you are trying to lose weight, do it slowly.
- A healthy diet and exercise will help you lose weight.
- Make half of your plate fruits and vegetables.
- Choose low-fat milk products and meats.
- Drink lots of water and avoid sugary drinks like soda, juice, sports drinks, and energy drinks.
- Eat plenty of whole grains.
- Limit or avoid fast food, fried foods, and sweets.

Constipation

Constipation is a common and unpleasant postpartum complaint. For relief, try the following:

- Eat foods that are high in fiber. Fruits and vegetables, high-fiber cereals, and whole grains are good choices.
- Get some form of daily physical activity, such as walking.
- Drink plenty of water to satisfy your thirst. Breastfeeding may make you very thirsty.
- Talk to your doctor about trying fiber-containing stool softeners if the suggestions above aren’t working.

Your nurse or Parent Coach can give you more information about how to eat well. You can also talk to your doctor or WIC counselor.
Making a Decision About Birth Control

Now is the time to learn about and decide on a birth control method. You may be able to use what you used before or you may want to change your method.

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 pregnancy. Health experts suggest that you space your pregnancies two to three years apart. This allows your body to fully recover from pregnancy and will give your next baby the best opportunity to be born healthy.

Things to consider when choosing birth control

- Will you be breastfeeding?
- How soon do you want to get pregnant again? Do you want more children?
- Are you good at remembering to take medication daily? Will you be able to use the method the right way every time?
- Does the method require your partner’s cooperation?
- Do you or your partner have more than one sexual partner? This could put you at risk for STIs (sexually transmitted infections).
- Do you have health issues that might make the method unsafe for you?

How confident are you in choosing a birth control method?
Not confident 1 2 3 4 5 6 7 8 9 10 Very confident

How interested are you in avoiding another pregnancy right now?
Not interested 1 2 3 4 5 6 7 8 9 10 Very interested
Making a Decision About Birth Control

There are other birth control methods available as well. The nurse can give you more detailed information about the different options, including possible side effects. If you have questions or concerns, be sure to talk to your doctor. Knowing all of your options will help you make the best choice for you.

**The Pill**
- How often to take/use: Taken daily at the same time
- Effectiveness: 92–99.7%
- Only the mini pill (non-estrogen) is safe while breastfeeding

**Intrauterine Device (IUD)**
- Copper T, Mirena
  - How often to take/use: Up to 10 years (Copper T)/Up to 5 years (Mirena)
  - Effectiveness: 99.2% (Copper T) / 99.9% (Mirena)
  - Safe while breastfeeding (both Copper T and Mirena)

**Depo-Provera (The Shot)**
- How often to take/use: Given by a doctor every three months
- Effectiveness: 97–99.7%
- Safe while breastfeeding

**The Patch**
- How often to take/use: Is changed once a week
- Effectiveness: 92–99.7%
- Not safe while breastfeeding

**Vaginal Ring**
- How often to take/use: Is changed once a month
- Effectiveness: 92–99.7%
- Not safe while breastfeeding

**Emergency contraception (the morning after pill)** is also available if you have unprotected sex. You can take it up to five days after. Call your doctor or clinic if you need it.
Making a Decision About Birth Control

**Condoms (male and female)**
- How often to take/use: Every time you have sex
- Effectiveness: 85–98% (male)/79–95% (female)
- Safe while breastfeeding

**Diaphragm**
- How often to take/use: Inserted before sex (Must be fitted by a doctor. If you had one before getting pregnant, you will need to be refitted after childbirth.)
- Effectiveness: 84–94%
- Safe while breastfeeding

**The Sponge**
- How often to take/use: Inserted before sex
- Effectiveness: 84–91%
- Safe while breastfeeding

**The Shield**
- How often to take/use: Inserted before sex (Must be fitted by a doctor.)
- Effectiveness: 84–94%
- Safe while breastfeeding

**The Implant (Implanon)**
- How often to take/use: Works for three years (inserted by a doctor)
- Effectiveness: 99.95%
- Safe while breastfeeding

**Sterilization (female or male)**
- How often to take/use: Permanent
- Effectiveness: 99.5% (female) / 99.9% (male)
- Safe while breastfeeding
Giving birth can be a life-changing experience!

Take a few moments to write about what it was like for you. How did it feel? How long were you in labor? What helped you the most? Who gave you support? What emotions did you feel? What was different from what you expected?
My Baby
My Baby

Place an ultrasound picture of your baby here

Date of ultrasound  ___________________________

My baby at  ___________ weeks
Congratulations! You’ve taken care of yourself and gone through the work of labor and delivery, and now your baby is here. Be proud of yourself! Birth is an amazing experience you will always remember.

Baby’s Name

Baby’s Birth Date

Time of Birth

Baby’s Weight

Baby’s Length

Age

Date
## Baby’s Milestones

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date or age my baby began to do this</th>
</tr>
</thead>
<tbody>
<tr>
<td>First smile</td>
<td></td>
</tr>
<tr>
<td>Holds Head up</td>
<td></td>
</tr>
<tr>
<td>Sits up with support</td>
<td></td>
</tr>
<tr>
<td>Sits up without support</td>
<td></td>
</tr>
<tr>
<td>Holds a toy or object with hand</td>
<td></td>
</tr>
<tr>
<td>Rolls over</td>
<td></td>
</tr>
<tr>
<td>Starts solids</td>
<td></td>
</tr>
<tr>
<td>Claps hands</td>
<td></td>
</tr>
<tr>
<td>Waves “bye-bye”</td>
<td></td>
</tr>
<tr>
<td>Crawls</td>
<td></td>
</tr>
<tr>
<td>Drinks from a cup</td>
<td></td>
</tr>
<tr>
<td>Pulls up to a standing position</td>
<td></td>
</tr>
<tr>
<td>Walks along things (cruises)</td>
<td></td>
</tr>
<tr>
<td>Stands independently</td>
<td></td>
</tr>
<tr>
<td>Takes first step</td>
<td></td>
</tr>
<tr>
<td>Gets first tooth</td>
<td></td>
</tr>
<tr>
<td>First word: _________________________________</td>
<td></td>
</tr>
<tr>
<td>Says “mama”</td>
<td></td>
</tr>
<tr>
<td>Says “dada”</td>
<td></td>
</tr>
<tr>
<td>Add your own</td>
<td></td>
</tr>
<tr>
<td>Add your own</td>
<td></td>
</tr>
</tbody>
</table>
Happy Birthday!

Picture of your baby:
First birthday

Date ____________________________________________________________

Baby’s Weight ___________________________________________________

Baby’s Height ____________________________________________________

Photo Location ___________________________________________________
Journal Entry

Take some time to write about the hopes and dreams you have for your baby.

What would you like for your baby's future?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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Emotional Health Postpartum
Your Feelings as a New Mom

The first few days with a new baby can be exciting and challenging. After coming home from the hospital, you may start to feel overwhelmed and surprised by your mixed feelings. You may be learning how to breastfeed, take care of a baby, and adjust to less sleep. These changes in your life can cause baby blues or feelings like:

- Sadness
- Tiredness
- Worry
- Moodiness
- Crying

Baby blues are a normal period of adjustment after having a baby. The good news is that baby blues will go away on their own in about two to three weeks. Taking care of yourself and having support from others will help.

- Rest whenever possible; take a nap, rest, or do something relaxing when the baby is asleep.
- Eat well (see the Postpartum section on page 45 for tips on healthy eating).
- Ask others for help.
- Talk with supportive people about your feelings.

The following pages have suggestions for how to get support and take care of yourself during this important time in your life.

The space below is for you to write about your experience.

- How are you feeling about being a new mom?
- What are some adjustments you have made in your life?
- Who are some people that have been supportive?
- Is there anything else on your mind?
Depression

It is very common for new moms to experience depression. If your baby blues don’t seem to be going away or you begin to feel worse, it is possible that you may be depressed.

Signs to watch for

- Mood swings
- Difficulty staying focused
- Worrying about your baby a lot
- Trouble accepting that you are now a mom
- Fear that you can’t take care of your baby
- Thinking that your baby does not like you
- Loss of interest in fun things
- Lack of energy, wanting to sleep all the time
- Not being able to sleep on a nightly basis (insomnia) even while baby sleeps
- Loss of appetite or overeating
- Feeling like you are not good enough
- Feelings of hopelessness, like nothing will ever get better
- Irrational thinking: seeing or hearing things that are not there*
- Thoughts of hurting yourself or your baby*

* If you experience either or both of the last two, get help right away or call 911.

If you have any of these symptoms, get help. You are not alone. Many new moms get depressed. It is not your fault. Depression is an illness and you will need to get help to feel better. Your baby’s well-being and development are affected by your emotional health. Your baby needs a healthy mom in order to thrive.

Ask your nurse, Parent Coach, or doctor for resources. You can also contact Postpartum Support International at (800) 944-4773. The sooner you get support, the better for you and your baby’s health.
Support from Family and Friends

As a new mom, your responsibilities and routines will change. Support is important and will help you adjust to your new role. The support can come from family, friends, and/or the baby’s father. They can:

- Cook and help with housework. Be specific about what they can do. Do you need the dishes washed? Do the floors need to be cleaned? Do you need help with laundry?
- Run errands, such as grocery shopping or if you have older children, take them to school.
- Change, hold, or soothe the baby.
- Listen when you want to share your concerns, fears, and excitement.
- Spend time with older siblings to give you time to rest or bond with your new baby.
- Take care of the baby so you can spend time with your older children.

Support from the baby’s father

There are several ways the baby’s father can support you and help take care of the baby. Some are also good ways for him and the baby to bond.

- Limit visitors to give you time to rest and bond with the baby
- Change and dress the baby
- Burp the baby
- Bathe the baby
- Give you a massage to help you relax
- Encourage you to rest and eat well
- Go with you to follow up doctor’s appointments

Bottle feeding is not the best way to bond with baby. There are many ways for dads or other family members to help and bond with baby. They can take baby for a walk, hold, cuddle, talk, read or sing to baby, or help with things listed above. Bottle feeding is not the only way to bond, and if you are breastfeeding bottles can cause problems with the baby latching correctly.

Community Support

There are also services in the community that can offer support and help you adjust to your new role. They are available at WIC, some clinics, the hospital, and community agencies and include:

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

Ask your nurse or Parent Coach for more information about classes or support groups near you.
Managing Stress and Depression Worksheet

Things you can do to help yourself:

1. Stay active.
   
   Examples: Walking, dancing, yoga
   
   I will spend at least ______ minutes doing ____________________________
   at least ______ times per week.
   
   How likely are you to do this during the next week?
   Not likely  1  2  3  4  5  6  7  8  9  10  Very likely

2. Do something fun each day.
   
   Examples: Do a hobby, watch a movie, listen to music
   
   I will spend at least ______ minutes doing ____________________________
   at least ______ times per week.
   
   How likely are you to do this during the next week?
   Not likely  1  2  3  4  5  6  7  8  9  10  Very likely

3. Spend time with people who help or support you.
   
   Examples: Talk with a friend, walk with a friend, hugs help
   
   People I will talk to or spend time with: ____________________________
   
   How likely are you to do this during the next week?
   Not likely  1  2  3  4  5  6  7  8  9  10  Very likely
Managing Stress and Depression Worksheet

4. Practice relaxing.

Examples: Do deep breathing, practice relaxing your body, take a warm bath

I will practice relaxing at least _______ times for at least _______ minutes each time.

How likely are you to do this during the next week?

Not likely  1  2  3  4  5  6  7  8  9  10  Very likely

5. Set simple goals.

Do not expect too much too soon. Delay big decisions until you are feeling better. Break your goals into small steps. Give yourself credit for each thing you do.

What I want to achieve is:

Step 1 _______________________________________

Step 2 _______________________________________

Step 3 _______________________________________

Welcome Baby Book 61
Sibling Rivalry

Now that your new baby is here, your older child is likely to have some reactions. Your older child now has to share you. He or she may have to wait for you if he or she needs something. He or she has to get used to a crying baby. You may notice some behaviors in your child that may seem unusual. This is a very normal part of adjusting.

**Tips to help your child get used to the baby**

- Expect your older child to have a few setbacks, like wetting the bed. Respond to this with understanding and extra attention.
- Spend one-on-one time with your older child every day or as much as possible. Tell your son or daughter that you love him or her and that he or she is special.
- Allow your child to express his or her feelings about the baby both positive and negative. Make it clear that no hurting is allowed.
- Remind visitors to pay attention to your older child and not just the baby.
- Let your older child help with the baby’s care in ways that are safe for his or her age.
- Don’t leave your older child alone with the baby, even for a few minutes.
- Talk about the fun parts of being an older child, like choosing what to wear, being able to play at the park, and having friends.

Using all or some of these tips can help your older child get used to his or her new sibling. Just as your life has changed with the new baby, your older child is also trying to figure out his or her new role. Remember to be patient. Your family has changed and everyone is adjusting.

Below is a space for you to put a picture of your new baby and the older sibling. Try to let your older child choose the picture. This will help him or her feel included and it will make it more fun for him or her to look at the picture.

Photo of your new baby and his or her older sibling(s)
Breastfeeding
Deciding to Breastfeed

How interested are you in breastfeeding?
Not interested  1  2  3  4  5  6  7  8  9  10  Very interested

How confident do you feel about being able to breastfeed?
Not confident  1  2  3  4  5  6  7  8  9  10  Very confident

The decision to breastfeed or not is a very personal one. There are many things to consider. The Welcome Baby program is here to give you current information and support whatever choice you make. Below are a few facts to help you make an informed decision.

Good for Baby

• Breastfeeding protects babies from many illnesses and infections. Babies fed formula are more at risk of ear infections, colds, bronchitis, asthma, allergies, childhood diabetes, etc.

• Breastmilk has all of the nutrients your baby needs in the right amounts. Babies fed formula are more likely to be overweight or obese.

• Breastmilk is digested easily. Formula is more likely to cause constipation, diarrhea, and vomiting.

• Breastmilk helps a baby’s brain and vision develop better.

Good for Moms

• Breastfeeding can help you develop a strong bond with your baby.

• Breastfeeding is better for your health since it helps prevent several types of cancer.

• Breastfeeding helps you recover faster after giving birth. It may 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 you feel more comfortable, you can wear a loose top or cover up with a receiving blanket for privacy when you are in public.

While there is no doubt that there are many benefits, many women have concerns about whether they can breastfeed. Almost all women can breastfeed if they have the right information and support. The next page lists some common myths and facts.

You have the right to breastfeed in public.
California law gives women the right to breastfeed in any location where the mother and child are authorized to be present.
(Section 43.3 of the California Civil Code)
# Breastfeeding Myths and Facts

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding is painful.</td>
<td>A little tenderness in the beginning can be normal. Pain is common, but not normal. When the baby is positioned and latched on well, breastfeeding should not hurt. Pain is a sign that you need help with positioning.</td>
</tr>
</tbody>
</table>
| Many women cannot make enough milk. | Women can make enough milk by:  
  • Making sure baby is latched on well.  
  • Nursing often (whenever your baby shows signs of hunger).  
  • Avoiding bottles and pacifiers (especially in the first month). |
| It’s not good to breastfeed if you have strong emotions, like anger, fear, or stress. | Babies may feel their caretaker’s emotions whether they breastfeed or bottle feed. Your milk will not be bad or dry up because of stress or strong emotions. However, your milk may not flow as easily if you are very tense. Take a few deep breaths, relax, and your milk will flow. |
| You have to follow a really good diet to breastfeed. | Your breastmilk will have everything your baby needs, even if you don’t eat well. A healthy diet is a good idea while breastfeeding for you to be as healthy as you can be. |
| You have to avoid spicy and gassy foods when you breastfeed. | You don’t need to avoid certain foods unless you notice your baby has a reaction and you know for sure it was from what you ate. As your baby grows, the reaction may go away. |
### Breastfeeding Myths and Facts

<table>
<thead>
<tr>
<th>Myth</th>
<th>Fact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding is not good after six months.</td>
<td>Breastmilk continues to offer the right nutrition and protection for your baby for as long as you breastfeed. Experts recommend breastfeeding for at least the first year of life. The longer you breastfeed, the better it is for your baby’s health and development, even when you breastfeed longer than one year.</td>
</tr>
<tr>
<td>Women with small breasts will not make enough milk.</td>
<td>Breast size is not related to the amount of milk you make. The more you breastfeed, the more milk you will make.</td>
</tr>
<tr>
<td>Some babies do not want their mother’s breasts.</td>
<td>Some babies have a harder time latching on. Most of the time, this is because the baby was also given bottles or a pacifier. It takes more work to get milk out of a breast. Try not to give your baby anything but the breast for the first month. If the baby is not latching on well, ask your Parent Coach or nurse for help.</td>
</tr>
</tbody>
</table>

**How do you feel now that you have more information?**

**How interested are you in breastfeeding?**

Not interested  1  2  3  4  5  6  7  8  9  10  Very interested

**How confident do you feel about being able to breastfeed?**

Not confident  1  2  3  4  5  6  7  8  9  10  Very confident
Preparing to Breastfeed

As you get closer to delivering your baby, it is important to prepare for breastfeeding. There are things you can do to get a strong start.

Before the baby comes:
• Talk with your Parent Coach and other breastfeeding moms.
• Attend classes and/or breastfeeding support groups.
• Let your doctor or midwife know you want to breastfeed.

In the hospital after delivery:
• Hold your baby skin-to-skin.
• Start breastfeeding right away (within an hour after delivery).
• Let the nurses know that you want to breastfeed and don’t want your baby to have any bottles or pacifiers.
• Have the baby in the room with you at all times. This will let you watch for hunger cues.
• You will know your baby is taking the breast well when his or her mouth is open wide and he or she has all or most of the areola (the dark part around the nipple) in his or her mouth. This may take a few tries. Remember, your baby is learning to eat for the first time.
• Ask for help if you need it. There are breastfeeding specialists in the hospital that can support you. Pain is a sign that you may need help.

What is wrong with giving a bottle or pacifier?
• You will make less milk if you give bottles with formula or water.
• Bottles and pacifiers may confuse your baby since they suck differently on them compared to your breast. This can make breastfeeding painful and your nipples may become sore or cracked.
• If your baby doesn’t take your breast correctly, you will not make enough milk.

Remember, the best way to give your baby a great start is to breastfeed! Having a plan and informing the nurses will help this happen.
How to Breastfeed

Even though breastfeeding is natural, it can take some practice. The key is for you to be comfortable (positioning) and that the baby take the breast correctly (latch). If it hurts, you may need to get into a more comfortable position or take the baby off the breast and try again. It should not hurt. Pain is a sign that you need to make a change in how you are doing it or get help.

Positioning

- Get into a comfortable position with your back and arms supported. Pillows can help.
- Hold your baby with his or her tummy against your tummy and facing your breast.

Cradle Position

Cross-cradle Position

Clutch Position

Lying Down Position
How to Breastfeed

Latching on:

Step 1: Get ready
Support your breast with your hand and keep your fingers away from areola so there is plenty of room for baby’s lips.

Step 2: Motivate the baby
Stroke baby’s lips with your nipple and wait for his or her mouth to open very wide (like a yawn). Your baby may move his or head from side to side in search of the nipple. This is normal and does not mean your baby doesn’t want the breast.

Step 3: Offer the breast
Once baby’s mouth is wide open, pull him or her onto your breast. You will know that your baby is positioned well when:

- All or most of the areola is in his or her mouth.
- Baby’s lips are turned out.
- Baby’s nose and chin are gently touching your breast.
- You do not feel pain, but only a little tug as baby nurses.

Let your baby nurse as long as he or she wants to on the first breast. When your baby stops nursing on the first breast, offer the second breast. At the next feeding start with the opposite side (the breast you ended with at the previous feeding).

If you need to end a feeding before baby comes off the breast on his or her own, break the suction first. Do this by sliding a finger into the corner of your baby’s mouth and gently move the baby away from your breast. Don’t pull your nipple out without breaking the suction first. This can cause nipple soreness.
Getting a Good Start with Breastfeeding

What to expect in the first week

• The first feedings may take practice. You and your baby are both learning something new.

• Your first milk is thick and yellowish (colostrum). This helps protect the baby from infections and it is all your baby needs for the first few days.

• Your baby may be sleepy. Feedings may be short and irregular at first.

• Watch for early hunger cues (see blue box). Crying is not the first sign of hunger. Crying is a late cue. Waiting until baby is crying will cause stress for your baby and make it more difficult to get him or her calm enough to nurse.

• Your baby’s stomach is very small so he or she will need to breastfeed often. Usually at least eight to 12 times in a 24-hour period.

• Your nipples may be tender at first. If your nipples hurt or bleed, you may need support. Ask your Parent Coach or nurse for help.

• Your colostrum will change into mature milk on the third or fourth day. Breast fullness is normal around this time. However, sometimes your breasts may become engorged (hard and swollen). If you follow the tips above, you can prevent this. If your breasts do become engorged, use warm water and/or massage to relieve it; it will usually go away in 24 hours. You can also refer to the handout you received in the hospital for more information or you can ask your nurse or Parent Coach for help.

Early hunger cues

• Mouthing (smacking or licking lips, opening mouth)

• Putting hands or fingers to mouth

• Fussing or squirming

• Rooting (moving head with open mouth toward the chest of person carrying him or her)
You Can Make Enough Milk

Many moms worry about whether they are making enough milk or if baby is getting enough. It is normal to feel this way. You will know that your baby is getting enough if:

- Your baby wets and dirties enough diapers (see the chart below).
- You breastfeed as often and as long as your baby wants. Don’t follow a schedule or limit the time at your breast.
- After the third or fourth day, you can hear your baby swallow. It sounds a little like gulping.

<table>
<thead>
<tr>
<th>Baby’s age</th>
<th>Number of wet diapers per day</th>
<th>Number of dirty diapers (and color)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day old</td>
<td>1</td>
<td>1 (dark, like tar)</td>
</tr>
<tr>
<td>2 days old</td>
<td>2</td>
<td>2 (dark, like tar)</td>
</tr>
<tr>
<td>3 days old</td>
<td>3</td>
<td>2 (green and watery)</td>
</tr>
<tr>
<td>4 days old</td>
<td>4</td>
<td>3 (green and watery)</td>
</tr>
<tr>
<td>5 days old</td>
<td>5</td>
<td>3 (yellow, like mustard)</td>
</tr>
<tr>
<td>6 days old</td>
<td>6</td>
<td>4 (yellow, like mustard)</td>
</tr>
<tr>
<td>7 days old</td>
<td>6</td>
<td>4 (yellow, like mustard)</td>
</tr>
</tbody>
</table>

If your baby uses fewer diapers, call your doctor. It is okay if your baby uses more diapers than listed on the chart. After the first few days, many babies poop after every feeding. This is not diarrhea. It is normal for breastfed babies to poop often since they digest breastmilk so easily.

You may also have a feeding log that was given to you in the hospital that will help you know if your baby is getting enough. If you didn’t get it or you need another one, ask your nurse or Parent Coach to give you another. If you have any questions or concerns about your baby’s feeding, talk to your nurse or Parent Coach.
Growth Spurts

There are specific times when your baby will have growth spurts. When this happens, your baby will want to breastfeed more often. This is normal. You should continue to feed your baby on cue (whenever he or she is hungry) even if it feels like it’s too often.

**How to identify a growth spurt**

- Your baby might be fussier than usual.
- A breastfed baby will begin to ‘cluster feed’ which means he or she will need to feed more often, possibly every hour.

**When can I expect a growth spurt?**

Every baby is different, but there are specific times you can expect growth spurts. You can use this table to help prepare when your baby may have a growth spurt.

<table>
<thead>
<tr>
<th>Age to expect a growth spurt</th>
<th>Date my baby may have a growth spurt</th>
</tr>
</thead>
<tbody>
<tr>
<td>7–10 days old</td>
<td></td>
</tr>
<tr>
<td>2–3 weeks old</td>
<td></td>
</tr>
<tr>
<td>6 weeks old</td>
<td></td>
</tr>
<tr>
<td>3 months old</td>
<td></td>
</tr>
<tr>
<td>6 months old</td>
<td></td>
</tr>
<tr>
<td>9 months old</td>
<td></td>
</tr>
</tbody>
</table>

**It is important to remember that:**

- You should breastfeed your baby on cue. This means when your baby begins to show early signs or cues of hunger.
- If you are feeding your baby on cue, you do not need to supplement with formula.
- Growth spurts are temporary and usually don’t last very long (from a few days to about a week at most).
- Babies cannot be spoiled. Their brains are not developed enough to understand manipulation. If your baby is fussy, you should hold him or her. You can even practice skin-to-skin!
Returning to Work or School While Breastfeeding

It is possible to combine work or school with breastfeeding. You can breastfeed your baby before you leave and when you return. While you’re away, you can pump your breasts 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. You may miss less work or school because your baby will be sick less often.

• Being away from your baby is a big adjustment for both of you. Continuing to breastfeed is a great way to reconnect and feel close to your baby after being away.

Your Parent Coach will give you a brochure with information on how to pump and store breastmilk. Check with your local WIC office about getting a manual or electric pump (depending on availability). The WIC office and your Parent Coach can also answer any breastfeeding and pumping questions or concerns you may have.
Returning to Work or School While Breastfeeding

Tips for preparing to return to work or school

• Talk to your employer about the support you will need when you return to work. Your Parent Coach can give you a brochure that has more information that you can share with your employer about this.

• At least two weeks before going back to school or work, start to build up a supply of frozen breastmilk by pumping between feedings.

• It may take some time to adjust to pumping (you may not get a lot of milk the first few times you pump).

• When your baby is about four weeks old, ask a family member to feed your baby with a bottle of breastmilk. This will help your baby learn to take a bottle and get used to being fed by someone else. If you wait longer than four weeks, your baby may refuse or have a harder time accepting the bottle.

• Your baby is used to your nipple. You may need to try different types of bottle nipples to find the one your baby likes.

• Before you go back to work or school, leave your baby with the person who will care for your baby for two to three hours. Give the caregiver a bottle with your breastmilk to feed the baby. This will help you and the baby get used to being away from each other.

• Ask the caregiver to never warm up your milk in the microwave. The safest way to warm breastmilk (or formula) is to put the bottle or bag in a bowl of warm water.

Workplace Breastfeeding Law

There is a law in California that protects your right to pump at work. If there are more than 50 people at your work, your employer has to offer you a private place to pump (not a bathroom) and time for you to pump.

(Chapter 3.8, Section 1030, Part 3 of Division 2 of the California Labor Code)
Starting Solids

Once your baby is about 6 months old, you can begin introducing solid foods. Starting solids earlier is not recommended. Giving solids earlier can cause allergies and stomach problems. Your breastmilk (or formula) is all your baby needs for about the first 6 months of life.

**How will I know when my baby is ready for solids?**

Your baby is ready to try solids when he or she can do all of these things:

- Sit up with support
- Hold head steady
- Show interest in food by opening mouth
- Pick up food between his or her fingers and thumb
- Close lips over the spoon
- Swallow food and does not push it out of his or her mouth with tongue

**When you start solids, remember:**

- Your breastmilk is still very important. It should continue to be your baby’s main food for the first year. Solids should supplement, not replace breastmilk (or formula).
- Breastfeed first. Give small amounts of food only once or twice a day after nursing.
- Give your baby only one new food at a time and wait one week to introduce another.
- Watch carefully for allergic reactions and stop giving a new food if you notice a reaction.

**Solid foods to start with**

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. **Cereal should never be put in a bottle.** Other good options are vegetables or fruits, especially ones that you can easily mash, like bananas, avocado, and yams. Citrus fruits should not be given during the first year.

Expect baby to be messy as he or she learns to eat solids. This is also an age when your baby is becoming more interested in playing and exploring. He or she may want to explore how food tastes, feels, and smells. Be patient and have fun together.

Your Parent Coach will give you a brochure with additional information about giving solids from 6 to 12 months.

**Drinking from a cup**

You can begin giving your baby sips of water or breastmilk in a cup at 6 months. Juice and cow’s milk are not recommended until your child is 1 year old. Sweet drinks or soda should definitely not be given since they are very harmful to your baby’s health and teeth.

It may 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 1 year, he or she should be drinking from a cup and your breast only (no more bottles).
You may hear from people that breastmilk is no longer good after six months. This is not true. Experts recommend that mothers breastfeed for one to two years or longer. Many mothers continue breastfeeding until the baby feels ready to stop. Other moms prefer to make the decision to stop. Either way, it is a personal decision and different factors may go into making it.

Breastfeeding provides important benefits as your baby grows

• Your breastmilk continues to offer important nutrients and protection for your baby for however long you nurse.

• It continues to be a good way to bond and spend special time together.

• It can help comfort your baby when he or she is fussy, upset, sick, or needs to feel secure.

If you decide to stop breastfeeding before your baby chooses to:

• Do it gradually over time (if possible). Reduce the number of times you nurse each day little by little. Your child will handle it better if it’s gradual and it can be easier for you. Stopping suddenly can be traumatic for your child and can lead to breast engorgement and possibly an infection.

• Start by eliminating the feedings that are least special to your child. Leave those that are most special until last.

• Give your child extra love and attention.
Bonding and Attachment

Parents want the best for their children. They want their children to be healthy, safe and happy. How to accomplish this can be confusing. There are many opinions about how to parent and care for babies. For example, many families believe that picking up a baby whenever he or she cries will spoil him or her. Experts who have studied how babies and children develop have found that this is simply not true. Responding to your baby’s cries and other needs helps develop a healthy, secure attachment.

When you respond to your baby’s cues, he or she will learn to trust you. This helps develop secure attachment, which will benefit your baby now and throughout his or her life. Your child will benefit as he or she grows older, becomes an adolescent, and even as an adult, because he or she will:

• Feel loved and safe.
• Be more confident and secure.
• Have more confidence to play and explore.
• Have better brain development.
• Be more motivated to learn.
• Be more independent as he or she grows older (infants are supposed to be dependent).
• Form healthier relationships.
• Cope better with stress and frustration.

Bonding with your baby will help him or her develop a secure attachment to you and other caregivers. It will also help you adjust to motherhood. Below are a few ways to bond with your baby.

• Breastfeeding is great because there is lots of touch and contact.
• Making eye contact and cuddling during feedings is important whether you breastfeed or bottle feed. Babies should always be held during feedings.
• Holding, kissing, talking, reading, singing, and playing with baby are all great ways to bond.
• Holding your baby skin-to-skin can be done by both parents.
• Infant massage promotes bonding and attachment and helps calm your baby.

The next page includes more information and ways that you can bond with your baby.
Bonding and Attachment

More about skin-to-skin

Skin-to-skin contact is a great way to promote bonding and attachment for both parents. This is done by placing the baby (in only a diaper) on the bare chest of the mother or father. You can then cover the baby with a blanket for extra warmth and comfort. This feeling of closeness reminds the baby of being in the womb. Your baby can once again hear your heart beat and feel the warmth of your body. Skin-to-skin contact is also a good way to soothe a fussy baby.

Wearing your baby

Carrying your baby in a sling or wrap, also known as wearing your baby, is another way for you or other caregivers to bond with baby. It also lets you have your hands free so that you can do other things, like eat, shop, or tend to other children. Other benefits are:

• Your baby may cry less.
• He or she will experience the world at eye level.
• Your baby’s needs for touch will be met.
• It gives a sense of security and closeness.
• It comforts your baby.
• It helps regulate your baby’s temperature and heart rate.

If you want more information on how to wear your baby in a sling or wrap, talk to your Parent Coach.

Talking to your baby

Even though your baby may not understand your words, talking is important for bonding, attachment, and learning. Your baby will understand your tone and feel comforted by hearing your voice. Narrating your baby’s experience will help build trust. Narrating means describing what you and baby are doing, seeing, or experiencing (“I’m going to change your diaper now. It probably feels uncomfortable to be wet.”) Talking and reading to your baby will also help him or her learn to talk.
Bonding and Attachment

Reading to your baby

Learning moments begin as soon as baby is born. It’s never too early to start talking with, reading to, and interacting with your baby. Having a child who loves to learn starts with you.

From 0 to 3 months your baby is noticing sounds and movements, so noises and songs in stories will interest him or her. And starting at 3 months, your baby will smile, laugh, and play. You can encourage this interaction when reading. These early learning moments will help you bond with your baby and can instill an early love of learning.

Books with textures, sounds, and music are a great way to connect with your baby. Use funny voices and big gestures to stimulate all of baby’s senses. Your baby will also enjoy books that he or she that can put in his or her mouth when teething. Use puppets or finger plays (such as “Itsy Bitsy Spider”) while you read to help engage all of your baby’s senses. Point to pictures in books and talk about what they represent, such as, “That’s a baby boy like you,” or, “There’s a red car.”

After you read, give your baby time to respond by moving his or her arms and legs and coo to you. You can talk to your baby about reactions as you read, for example: “You like that book because it is about a baby kitten like we have at home.”

Try out a new reading activity each week, and always give lots of encouragement and praise. Don’t worry if your baby loses interest in a book, just pick up a new one and keep reading!
Understanding Your Baby’s Cues and Communication

In order to be able to respond quickly to your baby’s needs, you will need to learn to understand his or her cues. Getting to know your baby is something that will happen over time. A few common baby cues, what they mean, and responses are listed below.

<table>
<thead>
<tr>
<th>Baby’s cue</th>
<th>What it means</th>
<th>Your response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooting, putting hands to mouth, licking lips</td>
<td>These are early hunger cues.</td>
<td>Nurse or feed baby.</td>
</tr>
<tr>
<td>Rubbing eyes and/or ears, yawning</td>
<td>Baby is tired.</td>
<td>Begin baby’s nap or sleep routine.</td>
</tr>
<tr>
<td></td>
<td><em>Note: If your baby is grabbing his or her ear(s), is fussy, and has a fever, your baby may have an ear infection.</em></td>
<td></td>
</tr>
<tr>
<td>Arching his or her back</td>
<td>Your baby is uncomfortable or over-stimulated.</td>
<td>Try changing activity, going to a calm place, or comforting baby.</td>
</tr>
<tr>
<td>Frown</td>
<td>Baby may be worried or uncomfortable.</td>
<td>Comfort your baby by holding him or her or changing activities.</td>
</tr>
<tr>
<td>Cooing and babbling</td>
<td>This is usually a sign of happiness or excitement.</td>
<td>Continue what you’re doing until baby shows a cue to stop.</td>
</tr>
<tr>
<td></td>
<td><em>Note: Babies will start to imitate the voices and tone of the adults around them.</em></td>
<td></td>
</tr>
<tr>
<td>Turning face away</td>
<td>Your baby may be feeling overwhelmed or over-stimulated.</td>
<td>Stop the activity or take baby to a more calm place. Find a way to soothe baby, if needed.</td>
</tr>
</tbody>
</table>
Understanding Your Baby’s Cues and Communication

Crying

Crying is another way your baby communicates. It also helps your baby relieve tension. Your baby may cry more in the evening, between 6 p.m. and 11 p.m. Babies are not being “bad” by crying. Here are several reasons why your baby might cry or be fussy:

- Hunger
- Sleepiness
- Boredom
- Overstimulation
- Discomfort (needs to be changed, cold, or hot)
- Pain
- Need for touch, connection, or comfort

Over time you will learn your baby’s different cries and what they mean. Remember, responding quickly is best. Your baby will trust you and feel secure when you respond. If your baby is still crying after you have ruled out the reasons in the previous list, you can try:

- Laying baby on your chest: skin-to-skin contact is one of the best ways to soothe a baby
- A warm bath
- Infant massage
- Rocking or bouncing your baby
- Wearing your baby in a sling or wrap
- Music
- Using background noise like a fan or hair dryer (this may soothe baby because it sounds similar to when he or she was in your womb)
Understanding Your Baby’s Cues and Communication

Colic

Colic is when babies cry for at least three hours several times a week and nothing you do seems to comfort them. Colic often begins in the evening. Doctors aren’t sure what causes it. There are remedies you can buy at the store that may help relieve it. There are also different ways you can hold your baby to try to relieve colic:

- Hold your baby face-down across your lap and rub his or her back.
- Draping your baby across your forearm with his or her legs straddled over your arm.
- Neck nestle: Snuggle baby’s head in the area between your neck and chest.

You can also try:

- Rocking baby.
- Burping baby more often.
- Rubbing baby’s tummy gently.
- Taking baby for a walk or ride in the car.

If your baby seems to be in pain, has a high-pitched cry or is unable to be soothed, call the pediatrician.

Colic can be very frustrating for parents. If you’re overwhelmed, put your baby in a safe place and walk away for a few minutes until you are more calm. Take a few deep breaths, call a friend and/or find something that helps you calm down. Do not shake your baby. Hard shaking can cause the brain to move around and possibly bleed. Shaking your baby can also cause brain damage, blindness, or even death. Injuries from shaking your baby too hard are called Shaken Baby Syndrome.
Sleep Patterns

Infants sleep very differently from adults. Newborns sleep between 12 and 16 hours a day. However, the time they stay asleep can vary from a few minutes to a few hours. The time your baby is awake will increase as baby grows. Because breast milk is easily digested, breastfed babies may wake up every two hours. During the day, be sure to wake your baby to eat at least every three hours.

You may notice your baby sleeps more during the day and is awake more at night. This is because your baby is still learning about night and day. A baby will naturally begin to learn the difference. Here are steps you can take to help this happen:

• While baby naps, continue with your routine (vacuuming, cleaning, 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 night time routine, such as bathing, singing, or rocking your baby while nursing and/or reading a story. A routine will help your baby know it’s time to relax.

• If your baby wakes up at night, limit noise, light and talking. If you are going to feed or change your baby, try to limit eye contact. Eye contact can cause him or her to become more alert.

It might be some time before your baby sleeps through the night and that is normal. In fact, light sleep and waking every few hours is necessary for a baby’s development and survival. A baby’s brain develops 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 having to wake up, but it may help to know that this is necessary 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.
Although it seems like your baby only eats and sleeps, there are many new skills your baby is learning. These are called developmental milestones. Below are some skills you might start seeing at this stage. It’s important to remember that every baby is different and may develop at a different pace.

**Understanding your baby’s development**

<table>
<thead>
<tr>
<th>Language</th>
<th>Intellectual</th>
<th>Social-Emotional</th>
<th>Motor</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Turns head in the direction of sounds</td>
<td>• Discovers his or her hands</td>
<td>• Smiles</td>
<td>• Begins to unclench fist</td>
</tr>
<tr>
<td>• Looks at caregivers when they talk</td>
<td>• Visually follows people and things</td>
<td>• Cries to communicate needs</td>
<td>• Can hold an object for a short time</td>
</tr>
<tr>
<td>• Interested in soft voices and attention from caregivers</td>
<td></td>
<td>• Shows excitement when he or she sees or hears caregiver</td>
<td>• May begin to play with hands</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Beginning to develop trust (it is very important that needs are met quickly)</td>
<td>• Will begin to hold his or her head up</td>
</tr>
</tbody>
</table>
You and Your Baby: 0 to 3 Months

Activities to do with your baby

• Place a rattle in her hand. She will learn to recognize that the rattle is there and shake it or bring it to her mouth.

• Let her splash her hands and feet in her warm bathwater.

• Move a hand puppet up and down, back and forth, and in a circle. This will help to develop visual skills.

• Put a puppet on your finger and let your baby watch it dance.

• Continue to read and sing to your baby.

• Talk to your baby often. Describe what you and baby are seeing, doing, hearing, or feeling. This will keep your baby learn to talk and feel understood.

What activities does your baby like?

At this age, overstimulation can happen easily. Watch your baby for signs like crying, not making eye contact, or turning away. If you see these signs, try to take your baby to a setting with less noise, lights, and activity, if possible. You can also try to calm your baby by gently rocking him or her, singing or talking softly, nursing, or putting your baby in a sling or wrap.
Now that your baby is 4 months old, his or her personality and likes and dislikes are starting to show. You will notice lots of changes at this stage, and you may still be figuring out your baby’s cues and needs. Your baby now knows you and is very attached to you and other caregivers. This is also the age when your baby may begin to cry if strangers get too close. This is a normal part of development so do not force your child to go to other people.

### Understanding your baby’s development

<table>
<thead>
<tr>
<th>Language</th>
<th>Intellectual</th>
<th>Social-Emotional</th>
<th>Motor</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Makes babbling noises and other sounds that are more like speech</td>
<td>• Some babies know their names at 6 months and understand that you are calling him or her</td>
<td>• May raise his or her arms to be picked up and cry when you leave the room</td>
<td>• May reach out and grab an object</td>
</tr>
<tr>
<td>• Makes gurgling sounds when left alone and when playing with you</td>
<td>• Your baby may be learning which behaviors you like and may not like</td>
<td>• May laugh at funny faces and try to make you laugh, too</td>
<td>• May start to practice moving objects from one hand to the other</td>
</tr>
<tr>
<td>• Vocalizes excitement and displeasure</td>
<td>• Your baby may do things to get your attention such as wriggling, making noises, and squealing</td>
<td>• May give you hugs and kisses</td>
<td>• May begin to play with hands</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• May carefully watch your mouth when you speak and try to imitate sounds</td>
<td>• May discover that dropping something is as much fun as picking it up</td>
</tr>
</tbody>
</table>
You and Your Baby: 4 to 6 Months

Activities to do with your baby

- Play hide-and-seek with an object. You can hide it under a blanket, but let part of the item stick out. Ask your baby: “Where did it go?”
- Make animal sounds (like cat, chicken, dog, cow, etc.) and make silly faces.
- Play peek-a-boo.
- Play with stacking toys.
- Give toys with a variety of sounds, bright colors, and textures.
- Make a safe, clean space on the floor and encourage crawling.
- Move a toy up and down in front of your baby and see if she follows it with her eyes, then encourage her to reach out and grab it.

What activities does your baby like?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Putting babies to sleep on their backs is the best way to prevent Sudden Infant Death Syndrome (SIDS or “crib death”). Most babies are much more comfy on their backs since this is how they spend their sleeping hours. When baby is awake, tummy time is very important! Tummy time will help your baby develop in many ways:

• Baby will develop body and head control because his or her back and neck muscles become stronger.
• Baby will learn to push up, roll over, sit up, crawl, and pull to a stand more easily.
• Baby will practice hand coordination.

When you first put your baby on his or her tummy, he or she may not like it. You can help your baby get used to it in stages.

First stage: Lie baby on your tummy or across your arms or legs.

Second stage: Lie baby on a rolled up towel on the floor with a toy in front of him or her.

Third stage: Lie baby down independently.

Other tummy time tips

• Put a book in front of your baby so he or she has something to look at.
• Put a toy close to him or her so he or she can try and reach for it.
• If you have an older child, put your baby on his or her tummy close to the older sibling. Your baby will be interested in his or her brother or sister.
• You can lay down with your baby and sing, read, or play with him or her. This will keep your baby content while he or she gets more comfortable with tummy time.
• When putting baby on the floor always put down a blanket or towel so he or she is not directly on the floor.
Separation Anxiety

Does your baby become upset around strangers or when you leave the room? This is called separation anxiety and is a normal part of development. Separation anxiety usually begins around the time your baby is 6 months old. It often happens at other ages again, like 9 months, 12 months, and at 18 months. In between these ages, the separation anxiety may seem to go away, or may seem to grow. Either one is normal. Every child reacts differently to separating from a caregiver.

Seeing and hearing your baby cry and reach for you can be difficult. You may feel you are being unkind by leaving. You may 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 him or her with.

• Always say goodbye.

• Sneaking out is not a good idea. Your baby will get more upset if he or she feels you disappeared.

• Leave once you say goodbye. Coming back in and saying goodbye over and over will make it more difficult for you, your baby, and the caregiver.

• Your baby can feel your emotions so try not to be overly nervous or scared.

• Leave something of yours that has your smell (like a piece of clothing) with the baby.

This will take practice. You and your baby will get used to being separated from each other. Try and come up with a “separation” routine and stick to it. Once your child learns you will return, separating will slowly get easier. If you have concerns or questions about your child’s behavior when you separate, talk to your Parent Coach. The two of you may be able to come up with a plan to help you and your baby separate.
Choosing Quality Childcare

Going back to work and leaving your baby with someone else can be very difficult for both of you. It is normal for you to feel nervous about the change. Your baby may also have a hard time separating from you.

Having someone you feel comfortable with to watch your baby will help take away some of the stress and worry. You may choose to have a family member or friend watch your baby. Whether you decide to take your baby to a childcare center or have a family member or friend take care of your baby, there are things you should look for.

• What experience do they have with babies?
• Do they talk to the babies?
• Do they sing and read to the children?
• Do they ask children questions?
• Is each baby allowed to eat and sleep according to their needs?
• Is the caregiver willing to speak to the child in the language you prefer?
• Do the caregiver’s beliefs on topics such as discipline match your beliefs?
• Does the caregiver seem to enjoy children?
• Can you visit your baby at any time?
• Would your child feel good about being there?
• Would you feel good about leaving your child there?
• Is the place clean and safe?

If the person you choose to watch your child is not a family member, or if they are watching children from different families, they need to be licensed. There are a set of requirements a home or day care center must meet to become licensed. Below are a few questions you can ask regarding licensing and the qualifications of the teachers.

• What is your license number?
• How many children are you licensed to care for?
• What is the adult to child ratio?
• Are the teachers credentialed?

If you have any other questions or concerns about how to choose quality childcare for your baby, you can talk to your Parent Coach.
Walkers

Your baby may be trying to walk. You may have been told that using a walker will help your baby learn to walk faster. This is not true. Walkers can be dangerous for your baby and may actually delay walking. Many accidents occur with walkers. They may tip over or if there are stairs in the home, your baby may fall down the steps. Using walkers can also interfere with development in the following ways:

- Baby may learn to walk on his or her toes rather than the whole foot.
- Your baby may move backward instead of forward.
- In a walker, legs move together instead of one at a time.
- They can interfere with head and body control, as well as flexibility.
- They can be harmful to baby’s hips and joints if used too much. Baby jumpers can also cause these problems.

Once these are learned, your baby will be ready to walk on his or her own. Although walkers, bouncers, jumpers, swings, and other baby items may seem convenient and give you time, it is best to allow your baby to play on the floor and explore.

If you have any questions about walkers or how your baby is developing, talk to your Parent Coach.
Your baby has done a lot of growing since coming home. Your baby is now starting to be mobile, crawling or trying to crawl. He or she is probably a lot more active with his or her toys and the environment. He or she is also interacting more with you, older siblings, and caregivers.

### Understanding your baby’s development

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<th>Intellectual</th>
<th>Social-Emotional</th>
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</tr>
</thead>
<tbody>
<tr>
<td>- May say two-syllable words like ma-ma and da-da</td>
<td>- Can follow simple requests like, “sit down”</td>
<td>- Has “favorite” toys and people</td>
<td>- Can sit from a crawling position</td>
</tr>
<tr>
<td>- Will begin to wave bye-bye and shake head to say “no”</td>
<td>- Begins to show understanding of how objects are used: drinks from cup, brushes teeth with toothbrush, “talks” on phone</td>
<td>- May have separation anxiety and it may be more intense (refer to page 89)</td>
<td>- Can point and poke with index finger</td>
</tr>
<tr>
<td>- Imitates sounds (sneezes, coughs, kisses)</td>
<td>- Explores objects in several ways: looking, mouthing, shaking, banging, throwing, dropping</td>
<td>- Has mental pictures of caregivers so saying “I’m coming” may help baby stop fussing while he or she is waiting for you</td>
<td>- May help with getting dressed by extending arms or legs</td>
</tr>
<tr>
<td></td>
<td>- Finds toy when hidden under a cover</td>
<td>- May begin to prefer mommy</td>
<td>- May cruise furniture (walk while holding on to a coffee table or other furniture)</td>
</tr>
</tbody>
</table>
You and Your Baby: 9 to 12 Months

Activities to do with your baby

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

• Emptying and filling buckets or baskets
• Looking in mirrors
• Searching through kitchen cabinets
• Stacking blocks
• Singing, listening or dancing to music
• Playing with dolls or puppets
• Exploring empty containers

What activities does your baby like?

________________________________________________________________________
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Caring for Your Newborn Baby

Caring for a newborn baby can be exciting and scary. There is so much to learn and your baby is depending on you for all of his or her needs. Welcome Baby is here to support you during this important time. Here is some information that may help.

Cord Care

• Your baby’s umbilical cord will fall off in about one to three weeks. Let your baby’s cord air dry. It’s best not to put anything on it, not even alcohol.

• Avoid bathing baby until the cord dries and falls off. In the meantime, you can give baby sponge baths daily or as needed.

• Avoid binding your baby’s belly since it can cause an infection and may keep baby’s tummy from expanding enough during feedings.

• Fold the top of baby’s diaper down to avoid covering the cord.

• Call your doctor if there are signs of infection, including foul-smelling discharge, or redness and swelling at the base of the stump.

Feeding

• If you’re breastfeeding, refer to the Breastfeeding section on page 63 for more information.

• If you are formula feeding, your baby will need two ounces every two to three hours.

• Your nurse will give you a brochure with details about preparing and giving formula.

Diapering

• Clean baby’s diaper area well. This will help avoid diaper rash.

• It is normal for some babies to poop with every feeding, especially if they are being breastfed. Normal poop looks mustardy yellow, seedy or pasty.

• Girls should be wiped from front to back.

• If your baby boy had a circumcision, follow your doctor’s instructions. Call your doctor if baby develops a fever or seems to be in pain.

• It is normal for girls to have clear or blood-tinged discharge.
Caring for Your Newborn Baby

Preventing Illness

• You and anyone else who holds your baby should wash their hands or use hand sanitizer. A newborn’s immune system is weak so he or she can get sick easily.

• Avoid taking your baby to crowded places where he or she might be exposed to germs. You should also keep your newborn away from people who are sick (especially during cold and flu season from November to April).

• Breastfeeding will help your baby’s immune system develop better.

• You and anyone who cares for your baby should get the whooping cough and flu vaccines.

Picking up Baby

• Always support your baby’s neck. His or her neck muscles are very weak. Without support, your baby’s head will flop.

• Always handle your baby gently. If you need to wake up your baby, try tickling his or her feet, or gently touching baby’s cheek.

Dressing and wrapping baby

• It’s a good idea to dress your baby in the same number of layers you’re wearing.

• Babies should not be overwrapped. Many people overdress or overwrap babies. Using too many layers of clothing and/or blankets can be very risky. Newborns can’t regulate their temperature very well. Too many layers can cause them to get a fever or heat rash, and it is even a risk for SIDS (crib death).

Call the doctor if your newborn baby has any of the following:

• A fever of 100 degrees or more (normal temperature is 97.5 to 99.5 degrees). Do not give your baby any medicine without your doctor’s advice.

• Constant coughing, wheezing, or noisy breathing with a runny nose.

• Yellowish color on the skin or the whites of the eyes.

• Baby will not stop crying for several hours and nothing will comfort him or her.

• Diarrhea (frequent, foul-smelling, watery stool).

• Thick green or yellow mucus.

• Forceful vomiting or vomits everything he or she eats at every feeding.

• Signs of dehydration, such as no urine for at least six hours, dark urine, dry mouth, loose skin, sluggishness, sunken eyes or fontanel (soft spot on head), or is difficult to wake.

• Call 911 if baby has difficulty breathing. This includes nasal flaring, chest and neck are pulled in with each breath, baby looks scared and/or becomes blue around the lips and fingernails.

If at any time you have other concerns about your baby’s health, call the pediatrician.
Jaundice

Jaundice happens when there is too much of a substance called bilirubin in your baby’s blood. If your baby has jaundice, his or her skin and the whites of his or her eyes look yellow. Jaundice is very common in infants. Some things that may cause your baby to get jaundice are:

- Being born early
- Being bruised during birth
- Problems with feeding
- Having a different blood type than you

Your baby’s bilirubin will need to be checked by your doctor to see how high it is. In mild cases, the jaundice will go away by itself in one to two weeks. If the bilirubin level is very high, your baby may need phototherapy. This means that he or she will be placed under lights that help break down the bilirubin.

You may be told to stop breastfeeding if your baby gets jaundice. This is usually not necessary. Making sure your baby gets more breastmilk will help reduce the jaundice.

- Be sure to feed your baby every time he or she is hungry.
- Your baby may be very sleepy. If so, you will need to wake baby up to feed every two to three hours.
- If your baby is not latching on well or you have pain, your baby may not be getting enough milk out of your breasts. Ask your nurse or Parent Coach for help.
- In most cases of jaundice, babies don’t need supplements of formula, water, or sugar water.

Call your doctor if you notice any of the following signs:

- Your baby's skin becomes more yellow
- Your baby's skin looks yellow on the abdomen, arms, or legs
- Your baby seems listless, sick, or difficult to wake
- Your baby isn't gaining weight or is feeding poorly
- Your baby has a high-pitched cry
If Your Baby is 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 or she may have to be in the Neonatal Intensive Care Unit, or NICU. Having a baby in the NICU can be very scary. The following tips might help you cope with this difficult situation:

• Accept your feelings. It’s normal for you to feel sad, scared, and overwhelmed.

• Talk to someone who understands how you feel.

• Keep a journal. Expressing your feelings on paper can help you cope.

• Ask the doctors and nurses any questions you have about your baby’s condition and care. It is your right to know.

• Establish a routine. Find a way to balance your recovery from giving birth, taking care of your home and visiting the hospital.

• Ask family or friends for help with chores, other children, or other responsibilities.

• Celebrate when your baby makes progress. It’s a happy moment!
If Your Baby is in the NICU

Even though your baby may not be able to go home with you, there are ways you can continue to bond and attach with your baby. Spending time bonding with your baby will also help you adjust emotionally. Your baby really needs you to be there in order to get better.

- Visit your baby every day or as much as possible.
- When you visit your baby, ask if you can hold him or her skin-to-skin. This will depend on your baby’s condition.
- Being able to breastfeed will also depend on your baby’s condition. If the doctor says you can breastfeed, ask for help from the Lactation Consultant. She has the training and experience to help moms and babies in this special situation.
- If you can’t put the baby to the breast yet, you can still pump your breasts so your baby will receive your milk. Talk to the nurses about pumping and storing your milk for your baby.

Your Welcome Baby Nurse and/or Parent Coach are also good resources if you have additional questions or need more support.

Benefits of breastmilk for NICU babies
- Breastmilk is a unique gift only you can give your baby.
- If your baby was born early, your body will know and make milk that has more of the nutrients your baby needs to grow faster.
- The protective antibodies in breastmilk are even more important for a sick or premature baby. If your baby was born early, your breastmilk will have even more protection.
- Breastmilk helps premature and sick babies recover faster and have fewer infections and complications.

Benefits of skin-to-skin for NICU babies
- Helps maintain body warmth
- Regulates heart and breathing rates
- Better weight gain
- Helps baby spend more time in deep sleep
- Baby spends more time being quiet and alert and less time crying
- Can improve breastmilk production
- Helps with bonding
Car Seats

Babies riding in cars must be in a car seat. This is the law in California and it can save your baby’s life.

- Place baby in the car seat in a rear facing position in the middle of the back seat, if possible.
- Make sure it’s installed correctly.
- Do not bundle your baby in the car seat.

Car seats are not good baby carriers

Car seats are the only safe place for baby while driving. But, leaving baby in his or her car seat when not in the car or using it as a carrier is not good for your baby’s development.

- It can lead to delays in rolling over, sitting and crawling.
- It can cause the back of your baby’s head to flatten.
- Placing car seats on top of chairs or tables or on the floor can lead to accidents.
- Spending too much time in a car seat can reduce the touch and stimulation your baby needs.

Holding and carrying your baby is much better for bonding, attachment, and development.

- It improves muscle control of the head, neck, and stomach area.
- It lets baby connect with you and the world around him or her.

Carrying a baby in a car seat may seem convenient, but car seats are very heavy and awkward to carry. You have to hold it away from your body which can be uncomfortable, lead to muscle strain and even injuries. Carrying or wearing your baby is much easier and better for both of you. For more suggestions on wearing your baby in a sling or wrap, refer to the section on Bonding and Attachment on page 78 or talk to your Parent Coach.
Safe Sleeping

Creating a safe sleeping area for your baby is very important. In the first year of life, babies are at risk of Sudden Infant Death Syndrome (SIDS or “crib death”) and some have died while sleeping because they have suffocated.

SIDS (Sudden Infant Death Syndrome):
SIDS is the sudden and unexplained death of an infant under one year of age. Another name for SIDS is crib death, and it is the major cause of death of babies one month to one year of age. It happens during sleep. Experts don’t know exactly what causes SIDS, but some risks are known.

The safest place for your baby is in the same room close to you, especially in a bassinet next to your bed, a co-sleeper attached to your bed, or a crib next to your bed. This will make it easier to feed, comfort, and monitor your baby during the night.

The safe sleeping tips below are ways to reduce the risk of SIDS and suffocation. Breastfeeding also helps reduce the risk of SIDS.

- **Back to sleep:** Your baby should always sleep on his or her back, not on his or her side or stomach. This includes naps.

- **Smoke-free:** No one should smoke around your baby.

- **The sleeping surface must be firm and flat:** Waterbeds, bean bag chairs, sagging mattresses, sofas, couches, and armchairs are very dangerous. Babies should never sleep on any of these.

- **Keep soft objects out of sleep area:** There should be no pillows, heavy blankets, comforters, quilts, stuffed animals, crib bumpers, or other soft items in baby’s sleep area. Babies can play with these when they are awake.

- **Don’t overheat your baby:** Dress your baby in light sleep clothing and keep the room at a temperature that is comfortable for you. Do not wrap your baby in blankets, especially thick polyester blankets that can overheat baby. A sleep sack or footed pajamas are best.
Secondhand Smoke

It has been shown that children who are exposed to secondhand smoke get sick more than other children. They are more likely to suffer from:

- Ear infections
- Colds
- Pneumonia, bronchitis, and other lung diseases
- Asthma and more severe asthma symptoms
- SIDS (crib death)

Infants whose mothers are heavy smokers are born addicted to nicotine and can go through withdrawal when born. Below are some things you should do to protect your infant from these health risks.

- Do not smoke during pregnancy and avoid secondhand smoke.
- Do not smoke around your infant.
- Do not let others smoke around your infant.
- Do not let smokers hold your baby for long periods.
- If a smoker wants to hold your baby, have them wash their hands and arms, change their clothes, and pull their hair back.
- Do not allow anyone to smoke when your baby is in the car (in California it is illegal to smoke when children under the age of 18 are in the car).
Well-Baby Visits

During your baby’s first year of life, he or she will have lots of doctor visits. Well-baby visits are important in order to keep track of your baby’s health and development. At these visits, your baby should receive the following:

- An exam from head-to-toe
- Measuring of length, weight, and size of his or her head
- Vision and hearing tests
- Dental screening
- Blood, urine, and other tests as needed
- Immunizations (at most visits)

The doctor or staff will also give you important information on your baby’s health, development, and how to care for your baby. Well-baby visits are also a good time to ask questions or bring up any concerns.

### Schedule of well-baby visits and immunizations

<table>
<thead>
<tr>
<th>Exam</th>
<th>Recommended immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 month</td>
<td>At birth: Hepatitis B</td>
</tr>
<tr>
<td>1–2 months</td>
<td>2 months: HepB, DTaP, PCV, Hib, Polio, RV</td>
</tr>
<tr>
<td>3–4 months</td>
<td>4 months: DtaP, PCV, Hib, Polio, RV</td>
</tr>
<tr>
<td>5–6 months</td>
<td>6 months: HepB, DTap, PCV, Hib, Polio, RV</td>
</tr>
<tr>
<td>7–9 months</td>
<td>No immunizations</td>
</tr>
<tr>
<td>10–12 months</td>
<td>12 months: MMR, PCV, Hib, Varicella, HepA</td>
</tr>
<tr>
<td>13–15 months</td>
<td>15 months: DTap</td>
</tr>
</tbody>
</table>

There may be slight side effects from the shots. Some babies get fussy and may get a mild fever.

**If you feel your baby is having a life-threatening reaction, call 911.**
Childproofing and Home Safety

Every year lots of accidents happen in the home. Young children are curious and don’t always understand what is dangerous. Supervision is the most important safety precaution you can take. It’s a good idea for you to crawl on the floor at baby’s level to find all of the things that may put baby at risk of an accident. The lists below have other steps you can take to make your home as safe as possible.

✓ Check the box when you have reviewed the safety tips for each room.

Kitchen
- Turn pot handles toward the back of the stove.
  - Make sure your child is supervised when in the kitchen.
  - Keep knives, sharp objects, cleaning products, matches, and cigarette lighters out of reach or use safety locks on drawers or cabinets where they are kept.

Bedroom
- If possible, position cribs and beds away from windows.
  - Tie cords for curtains or blinds or use products to keep them out of reach.
  - Never leave your baby unattended on a bed or couch.
  - Make sure there are working smoke alarms in each bedroom and change the batteries each year.

Bathroom
- Keep soaps, lotions, and shampoos out of reach or use child safety locks on cabinets.
  - All medicine should have child-proof caps and be kept out of reach or in locked cabinets.
  - Never leave your baby unattended in the bathtub or near any water, not even for a second.

Throughout the home
- Place covers on all outlets.
  - Use corner or edge bumpers on furniture with sharp corners.
  - Use safety gates near stairs.
  - Make sure there are no small or sharp objects on the floor or within baby’s reach.
  - Other: 

Your Parent Coach will give you some of the home safety items mentioned above. If your baby is being cared for in someone else’s home while you are at work or school, make sure they are also taking these safety precautions.
Preventing Lead Poisoning

Although lead in paint and gas were banned in the late 1970s, there is still a lot of lead in the environment. Lead is still used in some industries. Products made in other countries and sold in the U.S. can also have lead.

Babies and toddlers are more at risk for lead poisoning because they put everything into their mouths. 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. Lead can be found in different places. The most common risks are:

- Old, peeling or chipping paint
- Dust and dirt

**You can make your home lead-safe**

- Take precautions if you live in a home or apartment built before 1978. Repair areas with peeling or flaking paint by repainting or asking your landlord to paint. 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, if possible.

- Keep your home as free of dust as possible (lead from paint and dirt can be in the dust). Use wet cleaning methods (wet sponges and mops) to clean dust.

- Wash your children’s hands and toys often.

- Avoid natural remedies that may contain lead.

- Avoid cooking or serving food or water in brightly-colored, imported pottery.

- Don’t let your children eat candies from Mexico that contain lead.

- Make sure that you and your children avoid lead dust which gets onto the clothes of a person who works around certain materials. These include the following 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
  - Working with scrap metal
  - Working at a shooting range

Your Parent Coach can give you brochures with more details about lead in home remedies, candies, and workplaces if you want more information about any of these.

Children who have been exposed to lead do not look or act sick. Children should be given a blood test to check the level of lead when they reach 12 months. Make sure your baby receives this important test.
Dental Care for Baby

It is important to take good care of your baby’s gums and teeth. Children need healthy baby teeth to chew and speak clearly. Baby teeth also make space for adult teeth. A healthy beautiful smile is also important for your child’s self-esteem.

**Tips to keep your baby’s gums and teeth healthy**

• Clean your baby’s gums after feedings even before teeth come in by using a clean damp cloth.

• Babies usually get their first tooth between 6 to 10 months. Begin brushing baby’s teeth with a soft toothbrush and water or a small amount of baby toothpaste. It may be best to wait until 2 years of age to begin using fluoride toothpaste.

• Brush the front and back of baby’s teeth, making sure to brush at the gum line.

• When baby is teething, give him or her a cold teething ring. You can also rub sore gums with a cold, wet washcloth.

• Germs can pass from your mouth to your baby’s mouth and can cause early childhood cavities. You and other caregivers should never share spoons. If baby drinks from a bottle, never test it with your mouth or clean a pacifier with your mouth.

• Do not dip pacifiers in honey, sugar, or other sweet foods.

**Healthy foods help protect your baby’s mouth**

• Breastmilk is the healthiest choice. If you or other caregivers give bottles with breastmilk or formula, always hold baby during feedings.

• Do not put baby to sleep with a bottle.

• Bottles are for breastmilk, formula or water only. Never put juice or other sweet drinks in bottles.

• Your baby can start learning to drink from a cup at 6 months. You can begin to wean your baby from bottles at about 9 to 10 months. Babies should be completely weaned from bottles by 12 to 18 months.

• Juice should only be given in a cup. Babies don’t need juice until 12 months.

• Do not give your baby solids until he or she is ready. This is usually around 6 months of age.

• Do not give your baby sweets like candy, cookies, soda, or other sugary drinks.

**Get dental care for you and your baby**

• Start taking your baby to the dentist between 6 and 12 months of age.

• Check your baby’s teeth for white spots. If you see any, take your baby to the dentist right away (these can be signs of early cavities).

• Keep your own mouth healthy to avoid passing germs to your baby. Brush your teeth twice a day and floss every day before bedtime. Visit the dentist at least once a year.