

# Caring For Your Baby

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# Congratulations

When it is time to take your new baby home, you may feel unsure about your ability to handle the responsibility. That is completely normal. You probably have lots of questions about how to care for your new baby. This book provides answers to some of the most common concerns and questions new parents have right after delivery and in the weeks to come. If you have additional questions that are not covered in this book, call the Warm Line at 630.208.4070. TTY for the hearing impaired 630.208.4399.

Whether this is the birth of your first child or an addition to your growing family, the NewLife® Maternity Center staff is here to educate and help you throughout the birth process and in the days immediately following delivery. Our philosophy of care is family-centered, which means we do our best to accommodate the unique needs of each family we serve.

Although many of the staff who contribute to your care will not have direct contact with you during your stay, we want you to know we feel privileged to assist you at this time. We are pleased you have chosen us.

## Anytime we can help, call the Warm Line

When you return home, you may have further questions about caring for yourself and your baby. The NewLife Maternity Center has established a Warm Line that puts you in touch with one of our registered nurses anytime, day or night. The nurse can answer your questions on topics ranging from episiotomy care to bathing your baby. We are always ready to help, and we encourage you to call whenever you need. To reach the Warm Line, call 630.208.4070. TTY for the hearing impaired 630.208.4399.

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# General Care

The wait is over. Your baby has finally arrived, and many years of happy, challenging opportunities are ahead. Be assured, the uneasiness you may feel now will soon be replaced by confidence as you spend more time with your baby. It's also important to remember that no matter how much you've read or heard, nothing will replace hands-on experience. The following information and instructions will help you through this learning process.

## Weight

It is normal for your baby to lose up to 8 to 10 percent of his or her birth weight during the first two to 10 days of life, regardless of the feeding pattern. At approximately 2 weeks of age, newborns regain their birth weight. A healthy baby generally gains 4 to 7 ounces each week.

## Your baby's head

The head usually appears large in relation to the rest of the body. The head is composed of soft bones that enable flexibility during the birth process. This sometimes makes the head look odd-shaped or molded after delivery. The head usually becomes well-shaped after two weeks.

There are two soft spots on the baby's head called fontanels. The anterior fontanel is located on the top of the head and usually closes by 18 months. The posterior fontanel is located on the back of the head and closes by three months.

### Birthmarks

Many babies are born with birthmarks. Most birthmarks are harmless and will disappear on their own. “Stork bites” and “Mongolian spots” are two common birthmarks found on newborns. Stork bites usually appear as dull, flat, pink to red patches generally found on the nape of the neck. They may also occur on the forehead or eyelids and most fade with time. Mongolian spots are irregular-shaped, with gray or blue-green pigmentation, and occur on the lower back or buttocks. Parents often mistake them for bruises. Mongolian spots are harmless and usually fade by three to four years. They are frequently found in dark-complexioned babies.

### Milia

Milia usually appear as small, pinpoint pimples over the baby’s nose, forehead or cheeks during the first week of life. Do not squeeze or break them. Milia usually disappear in a few weeks.

### Urination and stools

Babies should have at least eight to 10 wet diapers a day. This is a sign your baby is being well-hydrated and nourished.

The first stools of a newborn are a dark greenish-black, thick, sticky substance called meconium. Meconium stools last a few days and are followed by transitional stools which are thin, brownish-green and last three to seven days. By the second week of life, a baby begins to pass his or her typical stool. Breast and bottle-fed babies’ stools vary considerably. Breast-fed babies’ stools generally are loose and golden yellow. The breast-fed baby may have a bowel movement with each feeding or every three to four days. Bottle-fed babies’ stools are soft, pale yellow and have the typical stool odor. The bottle-fed baby may have a bowel movement once or twice a day.

### Diaper rash

Diaper rash usually occurs at least once, even with the best of care. Diaper rash typically starts out with a slight reddening of the skin in the diaper area. Eventually, skin may become rough and scaly with very small pimples. If left untreated, diaper rash can result in infected, raw open areas.

#### Guidelines to help prevent diaper rash

Change diapers often. Remove dirty diapers promptly.

Rinse your baby’s bottom with water as part of each diaper change.

Pat your baby dry with a clean towel.

Give your baby’s bottom some air. When possible, let your baby go without a diaper. Exposing skin to air is a natural and gentle way to let it dry. To avoid messy accidents, try laying your baby on a towel and keep him or her engaged in an activity.

After changing diapers, wash your hands well. Hand washing can prevent the spread of bacteria or yeast to other parts of your baby’s body, to you or to other children.

If your baby gets rashes often, try applying a barrier ointment, such as petroleum jelly or zinc oxide, during each diaper change to prevent skin irritation.

If the rash doesn’t resolve within a few days or becomes fiery red or blistered, notify your physician.



### Crying

Crying is your baby’s way of communicating with you. Babies cry for many different reasons including when they are hungry, wet, sick, tired or even when lonely. You will soon be able to distinguish between the types of cries your baby may have. Most babies have fussy times during the day. Crying spells may last from 15 minutes to an hour or longer and often occur in the late afternoon or evening. Some babies cry to help themselves go to sleep. You should not worry if your baby cries for five to 10 minutes before going to sleep. With time, your baby should outgrow this type of crying.

### Colic

Colic is characterized by infants crying for a long time for no known reason. Your infant’s crying may be a fussy cry or a screaming cry. Colic may begin in infants about two to four weeks old and can last five months. It is more common in boys and first-born children.

Healthcare providers do not know for sure what causes colic. Some causes may be tiredness, food allergies or milk that is too warm. Stress in the home, being lonely or in pain may also cause your infant to cry. Your colicky infant may want to be held or to go to sleep. Feeding your infant too much may make colic worse.

Your infant may cry one to two times a day or more. The crying may last one to two hours. Your baby may seem fine between crying spells. Crying often begins in late afternoon or early evening. The crying does not harm your baby and often stops when you hold him.

Listening to your infant cry can cause stress. Try to be patient and stay calm. Sometimes taking a break can be helpful. Make sure you take time for yourself. Ask someone to care for your infant so you can leave the home, even if it is only for an hour or two. Ask your spouse, a friend or a relative for help with childcare and household chores. **NEVER SHAKE YOUR BABY.** Remember that you did NOT cause your infant’s colic, so do not blame yourself.

**COMFORTING TIPS**

**Hold your baby and rock him either in a rocking chair or in your arms**

**Wrap your baby snugly in a soft blanket**

**Stroke or rub your baby's head**

**Quietly sing or talk to your baby**

**Play soft, soothing music**

**Put your baby in his or her car seat and take him for a car ride; the motion of the car may lull him to sleep**

**Take your baby for a stroller ride**

**Burp your baby to get rid of excess gas**

**Give your baby a soothing, warm bath**



**Sleeping**

After the delivery, newborns have a period of alertness lasting for a variable amount of time after which they will typically sleep for two to three hours at a time. Newborns will usually sleep between 16 to 18 hours in a 24-hour period.

There are 10 ways that you and others who care for your baby can reduce the risk of SIDS (sudden infant death syndrome):

1. Always place your baby on his or her back to sleep for naps and at night.
2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins or other soft surfaces.
3. Keep soft objects, toys and loose bedding out of your baby's sleep area.
4. Do not allow smoking around your baby.
5. Keep your baby's sleep area close to, but separate from, where you and others sleep. Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring your baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib or cradle when finished.

6. Think about using a clean, dry pacifier when placing your infant down to sleep. However, never force your baby to take a pacifier. If you are breastfeeding, wait until your baby is one month old or is used to breastfeeding before using a pacifier.
7. Do not let your baby overheat during sleep. Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.
8. Avoid products that claim to reduce the risk of SIDS. Most of these products have not been tested for effectiveness or safety.
9. Do not use home monitors to reduce the risk of SIDS.
10. Reduce the chance that flat spots will develop on your baby's head. Provide your baby with "Tummy Time" when your baby is awake and someone is watching. Change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers and bouncers.

**Jaundice**

Many babies develop a yellow color to the skin on the second or third day of life. The yellow color is from a substance called bilirubin which results from the daily natural breakdown of red blood cells in the baby’s bloodstream. In the uterus, the baby’s bilirubin is broken down and excreted by the mother’s liver. After birth, the baby’s immature liver cannot break down bilirubin as fast as it is produced, resulting in an accumulation under the baby’s skin.

When bilirubin is excreted in the baby’s stool and urine, the bilirubin level will usually decrease in the bloodstream. Frequent feedings will cause your baby to have more frequent stools, and thus lower the bilirubin level. Breastfed babies need to suckle at the breast at least eight to 10 times in a 24-hour period. The colostrum, or “pre-milk” is important in the early days of life for its laxative effect which can enhance stool production. Supplementing your baby’s feedings with water is not helpful in reducing jaundice since water lacks the nutrients your baby needs to break down the bilirubin. These early, frequent feedings will maintain an adequate milk supply and prevent jaundice as well as dehydration. In most cases, breastfeeding can be continued while your baby receives treatment for jaundice.

In mild cases of jaundice, little or no treatment is usually necessary, with no lasting effects on the health and development of the baby. The severity of the jaundice is determined by the bilirubin level in addition to your infant’s age in hours. The bilirubin level is obtained from a small blood sample taken from your baby’s heel. If the bilirubin level exceeds the normal range, your baby will be placed under special fluorescent lights (bililights). This form of treatment is called phototherapy. The infant is undressed so the baby’s skin surface is exposed as much as possible. The infant is usually placed in an Isolette® to maintain warmth. For protection from the bright lights,

eye patches are placed over the baby’s eyes. Phototherapy may last for several days. The light helps rid the baby of bilirubin by changing its structure, making it easier to excrete from the body. The appearance of your baby’s stools during this time may be loose, green and seedy.

Your baby may need to stay in the hospital for an extra day or two for phototherapy treatment. In some cases, phototherapy can be arranged at home. When the bilirubin level has decreased and maintained at a specific level, the lights are discontinued.

**Symptoms of illness  
(notify your doctor):**

- Fever
- Unusually inactive or quiet
- Excessive crying for no apparent reason
- Poor feedings or lack of appetite
- Repeated vomiting/projectile vomiting
- Rash
- Diarrhea/constipation
- Any signs of infection (redness, swelling or drainage) from the eyes, umbilical cord or circumcision



**How to take an infant’s temperature**

An infant’s temperature may be taken under the baby’s arm (axillary) or rectally.

Do not take an oral (by mouth) or tympanic (by ear) temperature on an infant or small child.

**Axillary temperature**

Place the silver tip of the thermometer high up in the infant’s armpit

Hold the infant’s arm snugly against the body with the thermometer in place for five minutes

Remove the thermometer and check the digital display

A normal axillary temperature is 98 to 99 degrees Fahrenheit

**Rectal temperature**

Lubricate the silver tip of the thermometer with petroleum jelly

Place the baby on his or her back, hold legs up and locate the anal opening

Gently insert the silver tip into the anal opening ½ inch (so the silver tip is not seen)

Never force the thermometer or leave the infant unattended

Hold the thermometer in place for 2 to 3 minutes

Remove the thermometer and check the digital display

A normal rectal temperature is 98 to 99.6 degrees Fahrenheit

When calling your doctor to inform him or her of an elevated temperature, be sure to mention the method of temperature taking used (axillary or rectal).

# Bathing Your Baby

Newborns need baths only two to three times a week. Some babies love baths; others cry through the entire event. You will need to sponge bathe your baby until the cord falls off and the circumcision is completely healed.

## Helpful hints

Bathe your baby before a feeding; the baby is less likely to regurgitate during the bath

A fairly regular bath time is recommended

Keep the room warm and free from drafts

Collect all equipment/clothing before bathing the baby and have it within reach

Use minimal baby soap to prevent drying of infant's skin

Baby powder and oils are not recommended; a small amount of unscented lotion can be used on dry areas

Do not use diaper wipes if your baby has a rash or the circumcision that has not yet healed

## Safety measures

Never leave the baby unattended

Wash your hands before handling the baby

Check the temperature of the bath water with your elbow; the water should be warm but not hot

## Equipment needed for sponge bathing

Bath basin

Clean washcloth and towel

Clean shirt, diaper, blanket and/or sleeper

Infant soap

Shampoo

Petroleum jelly

Proceed with the sponge bath in the following order, washing from clean to dirty areas.

**EYES:** Wipe from inner aspect of eye outward using plain water.

**FACE:** Wipe face with plain water.

**EARS:** Do not use cotton swabs. Wash with washcloth over finger.

**CORD:** See “Care of the Umbilical Cord” for bathing instructions.

**LEGS AND FEET:** Wash and dry well. Remove diaper at this point of the bath.

**FEMALE:** Separate labia folds and wipe front to back. The cheesy material does not need to be removed. Small amounts of mucus and vaginal bleeding are normal and may appear the first week of life.

**MALE:** Wash penis, scrotum and under the scrotum. See “Care of the Uncircumcised or Circumcised Male” for additional information.

**BUTTOCKS:** Wipe in a downward motion from front to back. Rinse and dry thoroughly. Apply the diaper so the fold is below the cord, exposing the cord to air. Place baby in a clean towel or blanket.

**HAIR:** Using the football hold, wet hair and apply a few drops of shampoo. Massage head. Rinse head thoroughly over basin and gently towel dry. Comb hair. Keep the baby out of drafts until the hair is completely dry.

Please discuss with your nurse or doctor any questions you may have about sponge bathing your baby. You may request a bath demonstration or assistance with bathing from your nurse at any time.

## Care of the umbilical cord

Fold the diaper below the cord so the cord is exposed to air to facilitate drying

Never pull or tear the cord off

Typically the cord falls off within seven to 10 days after birth, depending on the cord size.

## Notify your pediatrician if you notice:

Active bleeding at the cord site; a small amount of blood may be noticed as the cord begins to fall off

Drainage from the cord (thick, yellow, green)

Foul odor from the cord

Inflammation (redness) of the skin around the cord

**Care of the uncircumcised male**

No specific care is required at this time. There is no need to pull back the foreskin. Your pediatrician will advise you as your baby gets older. Wash the penis during the bath and/or with diaper changes.

**Care of the circumcised male**

**REGULAR CIRCUMCISION**

Clean the circumcision daily by squeezing plain water over the penis.

Apply petroleum jelly to the penis with each diaper change for the first few days to minimize the possibility of the penis sticking to the diaper. Should this occur, apply additional petroleum jelly or squeeze a small amount of warm water over the penis to loosen.

Your baby may have petroleum jelly gauze wrapped around his penis. Do not remove it for the first 12 hours following circumcision unless it becomes soiled with bowel movement. Ask your nurse for assistance and instruction.

Avoid the use of premoistened wipes (especially those with alcohol). Do not use powder in the diaper area.

**Notify your pediatrician if you notice:**

Unusual bleeding

Unusual swelling

Foul-smelling drainage

If the baby does not wet a diaper within 24 hours of the circumcision

**PLASTIBELL CIRCUMCISION**

With this procedure, the skin is loosened around the penis and a plastic ring is placed over the penis and under the foreskin. A string is tied lightly against the foreskin and ring to cut off the blood supply to the foreskin, which will cause it to fall off with the plastic ring and string. This should occur within five to eight days.

Clean the circumcision each day by squeezing plain water over the penis.

Avoid the use of premoistened wipes (especially those with alcohol) and soap. Do not use powder on the diaper area.

**Notify your pediatrician if you notice:**

Unusual bleeding

Unusual swelling

Foul-smelling drainage

If the plastic ring does not fall off within 8 days

If the plastic ring has slipped onto the shaft of the penis

**Diapering your baby**

You will need to change your baby’s diaper frequently to prevent diaper rash and provide comfort. Disposable or cloth diapers may be used. Use a wipe or washcloth to clean the skin. Thoroughly wash creases and skin folds and then dry. Do not apply powder or lotion. When applying the diaper, fold it below the cord. Never leave your baby alone, not even for a minute when changing the diaper.

**Use of the bulb syringe**

The bulb syringe is used to pull contents from your baby’s nose or mouth during the first few weeks of life. Irritation of the mucous membranes occurs with overuse or vigorous use of the syringe and should be avoided.

Squeeze the bulb syringe before inserting the tip so the mouth or nasal contents are not forced back into the nose or throat

Gently place the tip into the nose or mouth and slowly release (unsqueeze) the bulb to remove secretions

Remove the syringe and squeeze the bulb forcefully to expel the contents into a tissue or the sink

Clean the bulb syringe after each use with soapy water; rinse well with plain water and squeeze water out of syringe

Bulb syringes should never be shared among siblings



**Dressing your baby**

Your baby should be dressed according to the temperature of the environment inside and out. A simple rule of thumb is to dress your baby as you would dress yourself. Remember, newborns lose most of their body heat from their heads, so a hat is often needed when outdoors.

It is a good idea to wash all clothing and bedding in a detergent safe for babies. Many products have been tested for their safe use for all skin types, especially infants.

# Feeding Your Baby

Feeding time should be relaxed, unhurried and pleasurable for both you and your baby. This section of the book provides helpful suggestions on breast and bottle-feeding. Whichever method you choose, follow the general tips offered below for feeding your baby.

Select a chair in which you will be comfortable. A pillow may also assist you with positioning or supporting your arm during the feeding.

Be flexible with feedings. Babies may want to eat approximately every two to four hours during the day. Wake your baby up at least every three to four hours for day feedings.

Your baby needs to be burped during and after each feeding. Burping helps remove any swallowed air or bubbles. Bottle-fed babies should be burped with every half ounce of formula taken. Attempt to burp breast-fed babies between each breast and at the end of a feeding. In the early weeks, each feeding may take up to 30 minutes.

## Ways to burp your baby

### POSITIONS:

Hold the baby over your shoulder while supporting the baby's head and back



Lay the baby across your lap on his or her stomach



Sit the baby on your lap, leaning the baby slightly forward, with your hand supporting the baby's chin



Gently pat the baby's back until you hear a burp. It is normal for a baby to spit up a few drops of milk when being burped. Sometimes, a baby will not burp. If you have tried for a few minutes without success, don't try to force a burp.



## Bottle-feeding guidelines

Pay special attention to instructions on each can; do not add more or less water than instructed

Check expiration date of formula

Wash tops of formula cans and shake well before opening

Refrigerate and use liquid formula within 48 hours after opening

Do not let formula sit at room temperature

Do not save formula from one feeding to the next; discard any unused formula your baby did not finish

Do not use microwave to warm bottles; heating bottles in this manner may cause burns to the baby's mouth, vitamins to be lost and bottles to explode.

Always check the temperature of formula by shaking a few drops on your wrist

Never prop a bottle

To make cleaning easier, rinse bottles and nipples immediately after each feeding; squeeze water through nipple holes when cleaning

If you choose to sterilize feeding equipment, you can do so by boiling in water for five minutes

Before using bottle and nipples, wash them in hot, soapy water; rinse in hot water and air dry on counter or clean dish drainer; you may also use a dishwasher

## Bottle-feeding your baby

There are many different types of formula as well as methods of sterilization and preparation. Your pediatrician will advise you on the type, method and preparation of formula for your baby. Follow the manufacturer's directions when mixing formula.

### Types of formula

Ready-to-feed-formula: Read directions; do not add water; fill clean bottles directly from can

Concentrated formula: Read directions; mix equal parts of concentrated formula and boiled water (or nursery water)

Powdered formula: Read directions; can be stored in cupboard until mixed with water; powder mixes better when added to slightly warmed water

# Nursing Your Baby

Breastfeeding is the most natural and healthiest way of providing your baby with the nutrition he or she requires. It is worth noting that every mother's milk is specially adapted to meet her baby's individual needs. For all its rewards, breastfeeding requires patience, commitment and supportive family and friends. The following information will assist you and your baby in adjusting to what can be a very gratifying experience.

## Breast milk – what is it and how is it formed?

Your ability to breast-feed begins right after delivery, when your baby's sucking stimulates your body to secrete the hormones that trigger the release of the first breast milk. Known as colostrum, this milk has a yellow color and is high in both protein and antibodies, which help your baby's immune system protect your baby from allergies. Within two to four days of beginning to nurse, your milk will change to a white color, often with a bluish tint and thinner consistency. This mature milk is high in fat and total calories—just what your baby needs to grow and develop properly! Frequent nursing is important in stimulating the change toward this mature breast milk.

Each time you breastfeed your milk supply is stimulated; during the first six weeks it is important to do this eight to 12 times in 24 hours. A feeling of “milk letdown” or a tingling sensation with the breast may occur around two to four weeks after birth. Another sign of “milk letdown” is leaking from the nipple and the baby gulping or swallowing.

## Getting started - when to breastfeed

**The first two weeks:** During the first two weeks of breastfeeding, it is important to nurse your baby every 1 1/2 to three hours during the daytime as the typical newborn will eat 8 to 12 times in a 24-hour period. Keep to this schedule during the day, waking your baby up if necessary as the three-hour mark approaches. Remember, if your baby obtains most of the needed calories during the day, he or she will need fewer (one or two) feedings at night; and that means more sleep for you! In fact, during the night, let your baby wake you when he or she is hungry.

It is best to use both breasts at each feeding. Each time you begin a feeding, reverse the order by starting your baby on the breast with which you previously ended.

Above all, feeding should be relaxed. Allow a good 10 to 20 minutes of long, rhythmic suckling on the first breast. Burp and arouse your baby, then continue on the second breast.

For a sleepy baby, the feeding may take up to an hour. A “barracuda” on the other hand may obtain enough milk much sooner. Use the clock only as a guide and your baby's suckle as the true indicator of what he or she requires.

If your baby has nursed well, but still seems hungry after a feeding, he may need a burp or extra cuddling. If he or she still appears to be hungry in 30 minutes to an hour after breastfeeding, he or she may not have nursed long enough. Your baby may have eaten too quickly, gulping in air which created an artificial feeling of fullness. “Switching” back to each breast a second time during a feeding may be helpful.



Keep in mind that no two mothers and babies are exactly alike and your baby's feeding habits may vary somewhat each day.

**During the growth spurts:** Growth spurts will occur around two weeks, four to six weeks, three months and again at six months, during which time your baby will nurse more frequently for a few days. A growth spurt will usually last one to three days. He may show signs of fussiness and increased hunger, thus nursing more vigorously. When your milk supply has increased, he or she will settle back into a routine and become more content. Your breasts will regulate their milk production as feeding patterns change.

**Positioning yourself for breastfeeding**

Since breastfeeding works best when you are relaxed, make sure you are in a comfortable position before you begin (Hint: Using pillows and a footstool will help reduce muscle strain in your arms and back). Your baby should always face you, tummy to tummy, with baby’s back curled toward you.

These are some of the most common positions for breast-feeding:

<p><b>FOOTBALL HOLD:</b></p>		<p>This may be the best position if you've had a cesarean section, if your breasts are large or if you need more control of the baby's head. Sit up straight with two pillows at your side. Position baby on top of the pillows with his legs curled up at the back of the bed or chair you are sitting on. Support baby's head and upper back with your hand at breast level. (A pillow positioned vertically behind your back may be helpful.)</p>
<p><b>CRADLE HOLD:</b></p>		<p>This position is often the most difficult to master. Sitting straight up in bed or in a chair with a pillow on your lap, cradle your baby's head in your elbow at the breast he or she will begin nursing on, with the baby's face and tummy facing you. Place your hand on baby's buttocks or upper thigh with his arms tucked away.</p>
<p><b>SIDELYING:</b></p>		<p>This is a very comfortable position for most mothers and best when your baby is feeling somewhat fussy. With both of you on your sides, face your baby, tummy to tummy. Use pillows for support and to protect the baby from falling. This position will enable you to rest more fully.</p>
<p><b>CROSS-CRADLE HOLD:</b></p>		<p>This position works well when you have a small baby or you need more control. It is similar to the football hold except baby is in front of you. Position baby on top of pillows in front and use arm to bring baby to "opposite" breast. You will support your breast with the hand on that same side.</p>

**Helping your baby to “latch on”**

Before you begin a feeding, it may be helpful to initiate your milk flow. First position your thumb (above the nipple) and first two fingers (below the nipple) about 1 to 1 ½ inches from the base of the nipple. Avoid cupping the breast. Visualize your finger pads are at six and 12 o'clock. Push straight back into the breast and then roll thumb/fingers forward. Repeat several times to help signal the breast to release milk. Your baby may seem more interested in staying awake to eat when his or her first efforts are rewarded with the sweet taste of milk.

Support your breast by placing all four fingers well underneath the breast with thumb on top (be sure the fingers are not touching the dark areola nor the nipple.) Then gently tickle your baby’s upper lip with your nipple. When his or her mouth is open wide, bring him to the breast “chin” first. Both upper and lowers lips should be curled out. When coming in chin-first he should consume more areola below the base of the nipple. His or her nose will be close, but not buried in the breast. If your breasts are large, you may need to lightly press down with your thumb or gently “sandwich” the breast to help your baby latch on.

When properly latched onto the breast, you will feel a pull and see your baby’s jaw and temple regions move as he or she suckles. If it continues to hurt after the first several suckles, gently insert your finger at the corner of the baby’s mouth to break the suction, and attempt to reestablish latch on. When the feeding is done, your baby will probably release your nipple from his or her mouth. This may then be a sign that he is resting and comforting himself, but no longer hungry.

**Breastfeeding styles**

Babies exhibit a variety of breastfeeding styles. Some babies latch on and start sucking immediately. Others take the slow and easy approach, simply enjoying this special time with mom. Breastfeeding is not only a mode of providing nutrition; it is also a special way of nurturing your baby.

**Caring for tender or cracked nipples**

The following guidelines may be helpful in the prevention and treatment of sore nipples. If the problem persists, please consult your healthcare provider or lactation consultant promptly at 630.208.4068. TTY for the hearing impaired 630.208.4399.

Assure the baby is properly positioned on the breast – latching “wide” on to the darker areola and not just the nipple

Vary the nursing position from feeding to feeding to allow equal pressure around the nipple

Do not allow the baby to remain on the breast while he or she is sleeping

Start on the least sore side for a few feedings and then resume alternating breasts

Express breast milk prior to nursing to initiate letdown so your baby does not have to suck so vigorously

Put baby to breast when you notice early hunger cues (i.e., smacking his lips, putting fists to mouth.); crying is a late sign of hunger, so wake your baby before he or she becomes very hungry and begins crying

Never pull your baby off the breast; break suction by inserting a clean finger between the gums

After nursing, apply a small amount of expressed breast milk to your nipples; the natural antibodies will promote healing; also, expose your nipples to the air for at least 10 minutes

A thin coating of 100 percent pure anhydrous lanolin may be applied to the nipple only after 10 minutes of drying; it is not necessary to remove this prior to the next feeding (this product may be obtained at the hospital or most pharmacies)

Never wear saturated nursing pads and avoid those with plastic liners; breast cups with multiple openings may be worn inside the bra to allow air circulation and protection from clothing (do not wear while sleeping)

Avoid drying agents like soap or alcohol on your breasts

When using a breast pump, be sure the nipple is properly centered in the opening

If soreness persists, please contact your lactation consultant or physician

## Engorgement

Engorgement is a problem that sometimes occurs during the second to fourth day after delivery. Caused by extra blood in the tissues and milk production, engorged breasts will become larger, firm, tender and latching on can become more difficult. The following measures may be taken to minimize or prevent this condition from occurring:

Breastfeed your baby frequently (every 1½ to three hours, or eight to 12 times, in a 24-hour period)

Avoid supplements of water or formula for the first three to four weeks unless medically indicated

Express your milk if you miss any feedings

Wean your baby gradually

Repeat the above steps until engorgement has subsided; most importantly, empty your breasts by nursing or pumping before your breasts become hard and full; once breasts are hardened, latch on is more difficult; it may take up to 48 hours to return to a comfortable condition

Cold compresses may be applied after each feeding to relieve discomfort and swelling

Chilled, green cabbage leaves may be used to relieve symptoms of engorgement; rinse them prior to use and place against swollen breast tissue inside supportive bra; removes leaves within 10 to 20 minutes and try to breastfeed; you may apply cabbage before and after feedings until symptoms subside (usually within 24 hours)

An electric breast pump may be necessary for a few feedings to relieve the pressure if these options do not provide enough relief (caution: avoid excessive pumping)

You may have a slight temperature (99 to 100 degrees Fahrenheit) during this time; a mild pain medication such as Tylenol® or Motrin® will help.

## Mastitis

A breast infection, known as mastitis, may occur during the first weeks or months of nursing and requires prompt treatment. It usually follows persistent plugged milk ducts - a condition that begins when, for some reason, milk is not flowing freely in a particular area. With plugged milk ducts, a tender lump develops and the breast becomes reddened in the tissue surrounding the milk duct. Left untreated, this area can become infected.

### To prevent plugged ducts:

Follow the guidelines for engorgement

Periodically change the position you hold the baby to aid adequate drainage of milk; position the baby so his or her chin is directed toward the affected area; this will provide needed stimulation

Avoid missing feedings and becoming engorged if you are prone to plugged milk ducts; nurse your baby every two to three hours until the condition improves

You may need to use an electric breast pump

Avoid wearing clothes or bras that are too constricting. Breast cups are not advised and you should never sleep with them on.

**Suspect mastitis if you have a fever of 100 degrees Fahrenheit and flu-like symptoms. Consult your physician immediately for antibiotic therapy. While you are being treated, be sure to get plenty of rest, eat well and drink lots of fluids. Also, do not abruptly wean your baby at this time. With proper treatment and by maintaining a good milk flow, complete recovery can occur within a short period of time.**

## Concerned about your baby getting enough to eat?

It is natural for new mothers to worry about giving their baby enough to eat. Some mothers find it helpful to keep a daily record of feedings and diaper changes. In addition, the following guidelines will help you monitor your baby's intake.

The first few days of life your baby's wet and dirty diapers should coincide with a minimum of their age; for example: first day – one of each; second day – two of each, etc.

By the time your baby is four to six days old your breasts should feel fuller and baby will have four to six wet diapers and four to six dirty diapers

By four days of life, baby's bowel movements are usually loose, watery, yellow and resemble small curd cottage cheese

Baby is nursing at least eight to 12 times in 24 hours

You can hear baby swallow while nursing

Baby is generally content with regular intervals of being awake, asleep and feeding

After two weeks, your breasts will feel softer and only fuller as it approaches a feeding time or a feeding has been delayed

Baby is gaining weight (most babies will lose weight the first two days of life and then begin to regain 1/2 to one ounce per day when more awake and mother's milk supply is full); a baby should regain their birth weight by two weeks of age

Average weight gain during the first six months is four to eight ounces per week

## Balancing breast and bottle feeding

If your baby is nursing well, supplemental feedings are not necessary and may, in fact, interfere with your milk production. Also, since suckling at the bottle requires less effort, your baby may experience "nipple preference." If it is medically necessary for your baby to receive supplemental feedings, you may use a cup or wide-base nipple which most resembles mom. Supplemental feedings may also be provided at the breast by using a special feeding tube taped to mother's nipple.

After you have been nursing for three to four weeks, an occasional bottle of breast milk may be given to your baby. Someone other than the mother should introduce the first bottle feedings. It is also important to keep in mind that frequent missed feedings will require use of a breast pump so as not to affect your milk supply.

# Taking Care of Your Nutrition –

## so you can take care of your baby's

A healthful diet for both a breastfeeding mom as well as for most other people is defined by the terms – varied, balanced and natural. A varied diet is one that includes an assortment of different groups of foods without excluding any particular one. Every woman will choose the diet that is best adapted to her, depending on culture, lifestyle, and personal preferences.

The following are the main groups of foods that should be included in your daily diet.

Fresh vegetables and fruits (preferably those in season) of all types, eaten raw or cooked

Different grains (wheat, rice, corn, barley and millet) preferably whole in the form of whole or broken kernels, as well as semolina and flour (and products made from them, including bread and pasta)

Protein foods from animal sources (dairy products, eggs, meat and fish) and/or plant sources (lentils, beans and soybeans)

Small quantities of fats, preferably uncooked, cold-pressed vegetable oils

A balanced diet can be achieved by eating a variety of foods from each of these food groups.

### Foods to be avoided

There are no special foods to be avoided. Eating a balanced diet of nutritious foods is your goal. There is no scientific evidence that foods such as cabbage, broccoli or beans produce gas in a baby. The normal bacteria that live in your intestines produce gas from their action on fiber. This gas only occurs in your intestinal tract and does not enter your milk. Eating acidic foods does not make your milk acidic. Investigate the breastfeeding pattern and latch before eliminating any foods from your diet. The most common food irritants are dairy, soy, wheat, gluten and eggs.

### Vegetarian diets

A vegetarian diet that contains some animal-derived food, such as milk, dairy products or eggs, is usually complete. Women who don't eat meat but consume dairy or eggs usually do not have problems breastfeeding. When a diet does not contain any of these foods, such as in a vegan or some macrobiotic diets, a mother needs to include vitamin B12 in her diet in some way. Many vegetarians use a supplement for their vitamin B12 intake.

### Additional guidelines

Take a daily multiple vitamin as recommended by your healthcare provider

Drink enough fluids to satisfy your thirst – at least one glass of liquid with each infant feeding

Cigarette smoking is not recommended; however, if you must smoke, do so immediately after nursing

An occasional alcoholic beverage may be fine; it is best to wait until after a feeding session

Avoid over-the-counter medications unless otherwise directed by your healthcare provider; nasal decongestants and antihistamines should be used with caution; if allergies or hay fever are a nuisance, seek medical advice

Keep all caffeine (found in coffee, tea, chocolate, sodas, and headache and cold remedies) and artificial sweeteners to a moderate amount

### Dieting

Right after delivery, many women experience rapid weight loss, and then level off at 5 to 15 pounds above their pre-pregnancy weight. Breastfeeding will help your uterus return to its pre-pregnant size more quickly and will also use up calories to shed some of those extra pounds. In the four to nine months after delivery, the remaining pounds generally come off more slowly. Breastfeeding is not the time, however, to embark upon a rigorous diet and exercise program. Too rapid a weight loss will affect your milk supply, cause fatigue and make you more irritable. Consult your healthcare provider for information on how and when it's safe to begin a diet plan.

### Storing breast milk

When hand expressing or using a breast pump, always collect your milk in a clean container and be sure to wash your hands before beginning. Use plastic baby bottles or nursery bags for storage. If you are planning to freeze the milk, allow ½ to 1 inch space on top to accommodate expansion. Containers should be filled to about 1 ounce or more than your baby normally takes. A simple guide to a baby’s average intake is:

#### Up to 2 months

2 to 4 ounces per feeding

#### 2 to 4 months

3 to 5 ounces per feeding

#### 4 to 6 months

4 to 6 ounces per feeding

It is normal for pumped milk to vary in color, consistency and scent depending on your diet; stored milk separates into layers; cream will rise to the top; gently swirl the warmed bottle to mix the milk layers

You can continue to add small amounts of cooled breast milk to the same refrigerated container throughout the day; avoid adding warm milk to already cooled milk.

Store your milk in glass or hard plastic containers or in milk storage bags made especially for breast milk; the Medela Collection-Storage-Freezer (CSF) bag is designed with two-layer construction to protect your stored milk; the bags come with twist ties for easy sealing; place smaller bags inside a large food storage bag to prevent accidental punctures

Freeze milk in two to five ounce portions; small amounts will thaw more quickly; you will waste less milk this way and will avoid over feeding; liquids expand when frozen; be sure to leave some extra room at the top of the container so the bottle or bag won’t burst

Seal containers tightly; write the date on a piece of masking tape on the bag or bottle; use the oldest milk first

If you do not plan to use the milk within a few days, freeze it right away in the coldest section of your freezer; do not place the bottle or bag up against the wall of the freezer

Wash all breast pump parts that touch your breasts or the milk; use hot, soapy water or a dishwasher; rinse carefully; air dry on a clean towel; when soap and water are not available, use Medela Quick Clean products; if your baby is premature or ill, the hospital may ask you to sterilize your pump parts

### Defrosting breast milk

Thaw milk overnight in the refrigerator or hold the bottle under warm running water to quickly thaw; you can also place the sealed container in a bowl of warm water for 20 minutes to bring it to body temperature

Thawed milk is safe in the refrigerator for 24 hours; do not refreeze

### Weaning

The right time to stop breastfeeding is entirely dependent on you and your baby. It is a personal decision and one with which you should feel comfortable. The American Academy of Pediatrics (AAP) has been an advocate of breastfeeding as the optimal form of nutrition for infants. The AAP, American College of Obstetricians and Gynecologists, American Academy of Family Physicians, Academy of Breastfeeding Medicine, World Health Organization, United Nations Children’s Fund, and many other health organizations recommend exclusive breastfeeding for at least the first six months of life and continued use for the first year. Once a baby reaches six months of age, they begin to take solid foods and meals at the breast become less frequent. Your breast milk will provide your baby with important nutrients and immunization for as long as it is offered.

## Resources

Delnor offers a breastfeeding support group and lactation consultation.

For more information, call:

NewLife Maternity Warm Line: 630.208.4070

Lactation Consultants: 630.208.4068

TTY for the hearing impaired 630.208.4399

Delnor Hospital  
300 Randall Road  
Geneva, Illinois 60134  
630.208.3000  
TTY for the hearing impaired 630.208.4399

cadencehealth.org

