

the BirthPlace

Help and How-To's for New Parents



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Welcome

Dear Parent,

Congratulations on the birth of your baby! Thank you for choosing the BirthPlace at Lakeland Health for your delivery. We are pleased to have the chance to care for you and your family during this exciting time, and will do all we can to make your stay comfortable and enjoyable. Our goal is to create positive memories of your birth experience.

We know that many parents feel overwhelmed after the birth of their baby. So we've gathered some resources to help reduce any anxiety or stress by explaining what happens during your stay with us and after you and your baby return home. Before you leave the hospital, it will be helpful for you to "try out" your new skills, such as bathing and feeding your baby. A nurse will be there to assist you when you need help. When you have questions, please ask any of the staff as well as your provider, so we can help you feel at ease as you adjust to your newborn.

If you need anything that is not included, ask your physician, nurse midwife or nurse. Please let us know if there is anything we can do to make your stay more pleasant.

Sincerely,

The Lakeland BirthPlace Team

Personal Health Information

Our staff and volunteers of Lakeland Health have a duty to keep all patient personal health information confidential. To assure your information is only shared with those who have authorization from you, we are offering you a Personal Identification Number (PIN) during your stay.

Your four-digit PIN is: _____

You may give this number to any family members, relatives, or close personal friends who you wish for us to share your care-related information with. In the event of an emergency, we may need to disclose personal health information to notify (or assist in notifying) the right persons of your location or condition.

Please know that if you change your mind, we can close your PIN at any time.



Pain Management

Fear of having pain or being unable to stop pain is a very real feeling. Telling your fears to your doctor or nurse can help them take better care of you. It is important to talk about your pain and fears so that we can help ease them.

Pain Bill of Rights

As a person experiencing pain, you have a right to:

- Have your pain report taken seriously by your healthcare team
- Have your pain checked, re-checked, and eased in a timely manner
- Have information about the benefits, costs, and risks of treatments
- Help us decide how to treat your pain
- Ask to see a pain specialist if your pain is not relieved
- Receive answers and have time to make treatment decisions
- Receive information about other therapies for your pain
- Have family members help you make your decision
- Refuse a certain treatment
- Receive compassionate care

Frequently Asked Questions

Can I get addicted to my pain medication?

Many patients are concerned about becoming addicted when using opioids, or man-made drugs that do not contain opium. Addiction is not common. You could become physically dependent when your body gets used to a drug and you suddenly stop taking it. One telltale sign is feeling shaky.

How can I receive my pain medication?

There are many different ways to treat pain. You can choose to take pills, receive your medication intravenously (or through an IV), receive a shot, or use a patch.

Can I manage my pain successfully without using drugs?

Yes. You can try using an electrical stimulator (TENS), exercising, physical therapy, or a heating or cooling pad. Other treatment options such as acupuncture, chiropractic manipulations, distractions, massage therapy, meditation, and relaxation techniques can also be helpful. Ask your doctor about the best treatment option for you before trying any of these suggestions.



What happens when I go home?

Before going home, ask your doctor or nurse to thoroughly explain all pain medicine. This includes how often you should take it and how much.

Follow your doctor's instructions for taking pain medicine. Read your medicine's label to find out how you should take your medicine and if you need to take it with food or water.

Don't skip or add medications. Take them the same way all of the time. If you're going to be physically active, take your medicine at least 20 to 30 minutes before starting the activity.

If your pain occurs in an arm or leg, keep it elevated by placing it on a pillow. Applying ice or a heating pad will also help reduce swelling.

Be cautious of your mental health as you're coping with pain. Feeling stressed can worsen your pain. Use distraction, meditation, and relaxation to help ease your pain.

Your pain medication might cause constipation. If this occurs, drink plenty of water. A diet that is rich in fiber, like vegetables and whole grains can also help. Consult your doctor before taking over-the-counter medications to ease constipation.

When should I call my doctor?

Call your doctor if:

- The medicine is not easing your pain
- You cannot stay awake
- You develop hives or any other new symptoms
- You feel a shortness of breath
- You have constant constipation or nausea

Your doctor or nurse will use a pain scale with numbers or faces to determine how much pain you are experiencing. The number scale lets you select a number between one, feeling no pain, and 10, feeling the worst possible pain. If you struggle with choosing the number to describe your pain, use the "face" scale below to explain your pain.

Pain Assessment Scale

Choose the face that best describes how you feel



No Pain



Mild,
Annoying Pain



Nagging,
Uncomfortable Pain



Distressing,
Miserable Pain



Intense Pain



Worst Possible
Pain

Rooming with your Baby

To help promote mother-baby bonding, we encourage you to have your baby stay in your room with you as long as you wish, whenever you wish. Do not leave your baby alone in your room. Only a family member or BirthPlace employee with a red hospital name tag may return the baby to the Nursery.

Happy Hour – Skin to Skin Contact

Right after your baby is born and wiped clean, our staff will place him or her (unclothed) on your bare chest for at least one hour. This is a once-in-a-lifetime event and provides you the chance to spend your first hour together as a family. It lets you get to know each other without interruptions. Skin-to-skin contact allows you to connect with your baby and begin bonding.

Benefits of Happy Hour:

- Babies cry less and appear to be less stressed
- Decreases mom's anxiety and postpartum pain
- Encourages normal infant breathing and heart rate patterns
- Helps the baby to use their own instincts to begin breastfeeding and being more likely to latch on well
- Helps babies level their blood sugars and temperatures faster
- Promotes bonding between mother and child

When Happy Hour comes to an end, our staff will ensure your baby is bathed, weighed, and receives the appropriate medications he or she may need. Happy Hour will only occur if you and your baby are healthy. Your care team will address any urgent medical needs that may arise before skin-to-skin contact is started.

Keeping Your Baby Safe

Your newborn's safety is our main concern at the BirthPlace. It is important to be prepared. Please follow these steps while you and your baby are in the hospital:

- NEVER give your baby to someone who is not wearing a red color coded Lakeland ID badge.
- NEVER give your baby to someone who is not wearing the right uniform.
- NEVER leave your infant out of your direct line-of-sight. This includes when you go to the restroom or take a nap. If you need to leave the room or want to go to sleep, ask a nurse to take your baby back to the nursery. Or, you may also choose to have a family member present who can watch him or her.
- Place your baby's crib next to your bed on the window side of the room keeping it farther from the door.
- Question unfamiliar people who enter your room or ask about your baby. This means even if they are wearing a hospital uniform or seem to have a reason for being there. Alert the nurse's station right away if you feel something is wrong.
- Your nurse will check to see if the ID bracelet you are wearing matches the one on your baby.
- When tests need to be done on your baby, always ask where the tests will occur, how long they will take, and the name of the Lakeland team member who ordered them.



Pediatrician Visits and Infant Checks

While you are with us there are many things that need to be done. This causes interruptions for you and your baby. We provide a sign for you to place on your door when you need time to rest or time to be alone. There are times when we have to see you, so tell your nurse and we would be happy to arrange time for these to take place with less visits.

Your baby will be checked by their pediatrician within 24 hours of birth, or sooner. These checks will take place daily until you are discharged from the hospital. Any blood tests or lab tests done will be discussed with you.

Your nurse will be checking your baby at least three times per day. This will include daily weigh-ins. This check may take place in your room or in the Nursery. Please discuss this process with your nurse to plan times ahead.

Bedside Report

You will have different nurses throughout your stay with us. Most often, shift change takes place at 7:00 a.m. and again at 7:00 p.m. but this may vary. When your nurse is signing off to the next nurse, they will come to your bedside for report. During this time you will hear what is happening with yourself and your baby. The staff will clarify the plan of care. Questions and concerns are welcome at this time. You will also be introduced to the nurse who will take over your care. If you have visitors present you may ask them to step outside during the report. Personal information may be given at this time.

Length of Stay

The usual length of stay for vaginal deliveries is about two days. Cesarean deliveries can expect to stay for three to four days. Your delivery provider and pediatrician will discuss a more exact date of discharge with you.

Telephone

To make a local call outside of the hospital, dial 9 first, then the phone number. For a long distance call, dial 9, wait for a dial tone, then dial 0 plus the number you are calling.

Room Service and Meals

A separate menu is provided for you to order all other meals during your stay. To order, call ext. 1234 between 6:00 a.m. and 6:00 p.m. Breakfast is served all day. Lunch and dinner are available from 11:00 a.m. to 6:00 p.m. Snacks and beverages are available at any time upon request. A hostess may come to help you with ordering.

Visiting Hours

For security purposes, doors to the Labor and Delivery unit will be locked at all times. Each expectant mother will be allowed three (3) support persons present during labor, not including immediate siblings over the age of 12. Approved visitors will be provided with a temporary identification badge. This badge must be presented each time they wish to enter the Labor and Delivery unit.

General hospital visiting hours are from 11:00 a.m. until 8:30 p.m. The father of your baby (or significant others) grandparents, and/or healthy siblings may visit until 10:00 p.m. unless special arrangements have been made with the charge nurse.

An overnight visitor is allowed in the following situations:

- The mother is in a private room or she is the only patient in a semi-private room.
- The patient and male visitor are both over 18 years of age unless they are a married couple.
- A parent or legal guardian may stay overnight with a mother who is under 18 years of age.



Visitors should wash their hands with soap and water or use hand sanitizer each time they enter and exit the room and before they touch the baby. You and the father (or significant other) will be responsible for knowing the health status of visiting siblings. To protect you and your baby, the following people should not get close to, or touch you or your baby:

- Those who may be sick
- Those who have a fever, rash, fever blister
- Those with an open cut or sore on their hands
- Those exposed to a communicable disease within the past two weeks or showing an illness

Caring for Your Baby in the Hospital

Infant Neonatal Testing

The state of Michigan requires several types of testing to be done for your new baby. The first is a pulse ox (oxygen saturation test). This measures the oxygen level in the blood. This is done by putting a small oxygen probe on one of your baby's feet and his/her right hand or wrist. This level on the hand and foot are compared to assess oxygen flow through your baby's heart.

The second test is a newborn screening. Six blood spots to be placed on a test card and sent to a state lab for screening. The blood spots are collected by your nurse by doing a heel stick. This tests for abnormalities that are explained in a written brochure. The screening results will be sent to your pediatrician who will see your baby after discharge.

Your nurse will collect a small vial of blood to test for jaundice. The hospital pediatrician will review these results and discuss them with you. These screenings between 24 and 36 hours after birth. Please let your nurse know if you have any questions about these tests.

Infant Hearing Screen

All babies will have a hearing screening prior to discharge from the hospital. A small probe (smaller than a Q-tip) that is connected to a computer is inserted to your baby's ear. Sounds are sent by the computer and a response is measured. After the test is done, the information is sent to an audiologist to review. A report will then be sent to you and your baby's pediatrician.

Infant Circumcision

If you desire circumcision for your infant son, the pediatrician will discuss risks and benefits of the procedure. You will be asked to sign a consent for the procedure. All boys receive a local painkiller prior to the circumcision. Your son will be monitored in the nursery for about 30 minutes after the procedure is complete. Your nurse will recheck your son once each hour for two hours after he returns from the nursery.

Lab Tests

There is a routine blood test ordered for you after your delivery. Many times the lab phlebotomist will come to your room very early in the morning. This is done so your results will be available for your care provider by the time they come to see you.

Birth Certificate

During your hospital stay, you will be asked to provide the information necessary to complete your child's birth certificate. To do this, you will complete the blue birth certificate worksheet. This information will include the child's full name and information about yourself and the baby's father. Please fill out the worksheet accurately as no changes can be made after the original birth certificate has been submitted. We are happy to answer any questions you may have.

Paternity

If the mother is single at the time of conception, or birth of her child, paternity can be confirmed in two ways:

1. If the mother is single, both parents can sign voluntary recognition of paternity* that is recorded with the probate court
 - a) in the country of the mother's residence
 - b) the country of birth if the mother is not a resident of the state.

Once paternity is signed, the name of the father will appear on the baby's birth certificate.

Decision of paternity does not automatically mean a name change for the baby. Both parents must agree and this must be done before the information is sent to the state.

2. A judge can declare a man the legal father of a child after a hearing or by default.

An Affidavit of Parentage can be completed at the BirthPlace with a notary present. Both parents need to be present and the father must have a valid photo ID. The state allows hospitals up to five days after the baby's birth date to file paternity. After this, paternity will need to be filed with the Michigan Department of Community Health, Office of the State Registrar, Corrections Unit, with an application and a fee of approximately \$40.00 with an additional \$10.00 notary fee.

If the mother is married, divorced, or separated for less than 10 months, her husband at the time of conception and/or birth, is judged by law to be the father. He must be listed as the father on the certificate, unless a court order says otherwise.

Any mother who refuses to give information on her husband will need to apply for her child's Social Security card directly with the local Social Security Office, the hospital cannot process the card electronically without this information. The birth will also remain unregistered with the local and state registrar until this information is given. The birth can be properly registered at a later date through the Berrien County Courthouse, County Clerk's office.

When the information is complete, the birth certificate processor will use it to prepare your baby's birth certificate and file the record of your child's birth with the Michigan Department of Public Health, Office of Vital Statistics in Lansing. There is a \$40.00 charge for any corrections that need to be made. Lakeland Health cannot be responsible for corrections to legal birth certificates.

At the time of discharge you will receive a hospital certificate of birth. This certificate of birth will include your baby's footprints, name and other information about the birth. This certificate of birth from the hospital is not the same as the legal birth certificate.

You can get a certified copy of your child's birth certificate can be obtained from the County Clerk's Office at 701 Main Street in St. Joseph or 1205 N. Front Street in Niles. These are available 30 to 60 days after the date of birth. There is a cost of about \$13 for one copy, plus \$4.00 for each additional copy. We recommend that you obtain a copy of your child's legal birth certificate as soon as it is available. A valid Michigan Driver's license and/or three pieces of identification are needed by either parent listed on the certificate. Call the Berrien County Clerk's office at (269) 983-7111, ext. 8233 in St. Joseph or (269) 684-5274 in Niles with questions or for hours of business.

Social Security Card

Your baby's social security be processed electronically, and mailed to you by simply completing the birth certificate. After you have signed the typed legal certificate (not just the worksheet), and have given your permission, information will be sent to the Social Security Administration Department. If the typed legal certificate is not signed before leaving the hospital, the mother will either have to come back to the hospital within five days of the baby's birth date to sign, or apply for the Social Security card on her own.

Your child's Social Security card will come in the mail in about four to six weeks. It will be sent from the State of Michigan. You will need a Social Security card for your child:

- for your income tax purposes
- for when your child starts school
- for employment
- when applying for a passport

CertaScan Technology

Lakeland Health recently became the first health system in Michigan to install an Infant Safety System developed by CertaScan Technologies. This new technology is entirely safe for your baby. Your nurse will scan the feet of your newborn picking up the precise detail of their foot prints. Like finger prints, foot prints are unique to each newborn. Capturing this level of detail will help us to identify your baby if the need should ever arise.

The foot prints scanned by your nurse will be coded and securely stored in our highly-protected storage cloud. This storage cloud is used by many of America's leading healthcare institutions. Also, we will store your baby's foot prints in their electronic medical record. To further protect your baby, we will take a security photo and scan the mother's index fingers. These images will not appear on any certificates but will be stored in the baby's medical record. This information can only be accessed in emergencies by approved parties for your baby's safety and security.

After your nurse scans your baby's feet, you will also receive a "Baby's First Footprint" certificate. Please hold on this original certificate. When you go home, you can visit www.firstfootprint.com to:

- download and print a copy of the certificate
- download a digital copy of your baby's foot print for safekeeping and
- customize your baby's foot print certificate by adding his or her name in your choice of fonts and colors

To access the private area of the site you will need two things:

- to enter the password provided to you by your nurse
- the 15-digit ID number at the bottom left side of the original certificate you received from the hospital



Newborn Pictures

Prior to taking your newborn home, a representative from **mom365 photography** will stop by your room to inquire about taking photos of your newborn. There are many options for you and you do not need to purchase the photos after the session is complete. If you are interested in this service you will be asked to complete a form giving permission to release information to **mom365 photography**.



Congratulations, You're Going Home!

For the next five to six weeks, your body will be recovering from the birth of your baby. This is an important time for you and your family to focus on activities, diet, and hygiene as everyone adjusts to living with and caring for a newborn. The following guidelines are meant to help you through this period of healing and transition:

- As your body rebuilds its strength, don't lift anything heavier than your baby
- Ask for help. Your family should work together to accomplish daily chores
- Be careful not to overdo it. Rest for at least one hour every day
- Before you begin exercising, consult your doctor to ensure you can do so without any restrictions
- Call your obstetrician if you experience any of the following:
 - Burning or frequency of urination
 - Fainting
 - Heavy or prolonged bleeding
 - Severe chills or fever
 - Swelling, redness, or tenderness in your breasts
- Contact the nurses at the Lakeland BirthPlace if you have any questions about caring for your baby including bathing, mixing formula, and taking your baby's temperature
- Consult your doctor to determine when you can begin using contraception, tampons, and engaging in sexual activity
- Continue taking your pre-natal vitamins and iron pills as directed by your doctor
- Eat well and stay hydrated by drinking six to eight glasses of fluid daily, including milk
- If you experience irregular bowel movements, gradually increase your daily activity and eat a well-balanced diet. Relieve constipation by taking a milk laxative
- If you're nursing, keep your breasts and nipples clean. Let them air dry and make sure you wear a clean bra daily. If nursing becomes painful, or your nipples begin to crack, contact your doctor
- Schedule your six-week appointment with your doctor as soon as possible

- Call your doctor if you notice a foul odor from or an excessive amount of vaginal discharge. This vaginal discharge may be normal and may occur from 10 days to five weeks following delivery. The color may vary from dark brown or red to pink, becoming less dense as time goes on.
- If you had a c-section, ask your doctor about special instructions. Women who delivered their baby by a cesarean section will need a longer time to recover and assume their normal lifestyle. Ask your doctor about special instructions
- Your doctor will give you final discharge instructions. Read them carefully before you leave the hospital so you can address any questions or concerns
- Your menstrual period will resume within four to 12 weeks after delivery. The first few cycles may be irregular. Please plan accordingly as pregnancy can occur even if your period hasn't returned

Mom & Me Discharge Class

Prior to the discharge of you and your baby, you will need to attend a "Mom & Me" class to review the concepts about caring for yourself and your newborn. Fathers or significant others are welcome to attend the class as well. Classes are held from 11:00 a.m. to 9:00 p.m. and your care team can help you select a time to attend.

MyChart

MyChart is an online portal that allows you to communicate with your doctor, access test results, make appointments and request prescription refills. Our unit clerks will visit your room to ask if you would like to sign up for MyChart or to answer any questions you may have about the service.

You will also be able to sign your baby up. If you have other children at home our staff will be glad to help you set up an account for them as well. The educational videos (EMMI) about caring for yourself and your newborn assigned to you while in the hospital will be available to view using MyChart once you are home.

Becoming Parents

Often parents remember the birth of their baby as one of the greatest and most joyous experiences of their lives. It is the end of nine months of preparation, anticipation, and waiting.

The thought of being a parent can be exciting and, at times, frightening. It takes time to adjust to the responsibilities of a new baby, so don't expect too much of yourself. Parenting is a learning process and requires time and experience.

You may not automatically feel love for your baby, but as you hold your baby close, touch his tiny fingers and watch him adjust to life, your affection for him will begin to develop and will last forever. The more time you spend with your baby, and the more you do with your baby, the more comfortable and secure you will feel in caring for him. As you do this, your confidence as a parent will grow.



Enjoying Your Baby

We hope you will take every chance to get to know your new baby. At first, you may feel clumsy or unskilled as you pick up and hold your baby. Even so, as you gain experience, you will feel more confident and will begin to develop a sense of belonging to each other.

When you handle your baby, hold him close and make eye contact. The baby can see you best when your face is 9-12 inches from his. He enjoys being talked or sung to, and he likes a gentle, relaxing touch. Your baby will quickly notice your presence and the warmth you give. Pay attention to your baby's facial expressions, his movements and noises. These activities are the baby's way of talking, bonding and responding to you.

Early and frequent contact leads to a special bond between you and your baby. It is one of the first steps in becoming a happy, stable, closely-knit family. By loving, holding and touching your baby, you will help his social and emotional growth.

Do not expect to be a perfect parent from the start. You will learn as you care for your baby. There are many ways to parent, and you will develop your own style. Parenting is a complex, involved, and challenging task. Have patience with yourself and enjoy your baby!

Dad and Baby

As a father, you are a very important person in your child's life. Now is the best time to begin building a lifelong relationship with your child. It is important for you to hold, feed, and get to know your baby as soon after birth as possible.

Your love and attention are a natural and needed part of your baby's life. Make a decision to set aside a "special time" for you and your baby each day.

Look your baby in the eye and talk to him. He will soon learn to recognize your voice. You may feel unsure or clumsy at first, but remember that touching, talking and giving love are the most important things you can do for your baby.

Babies require a large amount of their parents' time. Sometimes you may feel that your entire life revolves around your baby, but it is important that you do not allow him to completely take over your personal life. You may not have as much time as you would like, but try to continue doing some of the things you enjoy.

The baby will take up a large amount of mom's time. She may be busier than before the baby was born, but keep in mind that she needs your love and reassuring support. Mom may have discomfort and be tired, so try to help with baby's care such as changing diapers, feeding, holding, and rocking. Or, you may choose to help with the housework.

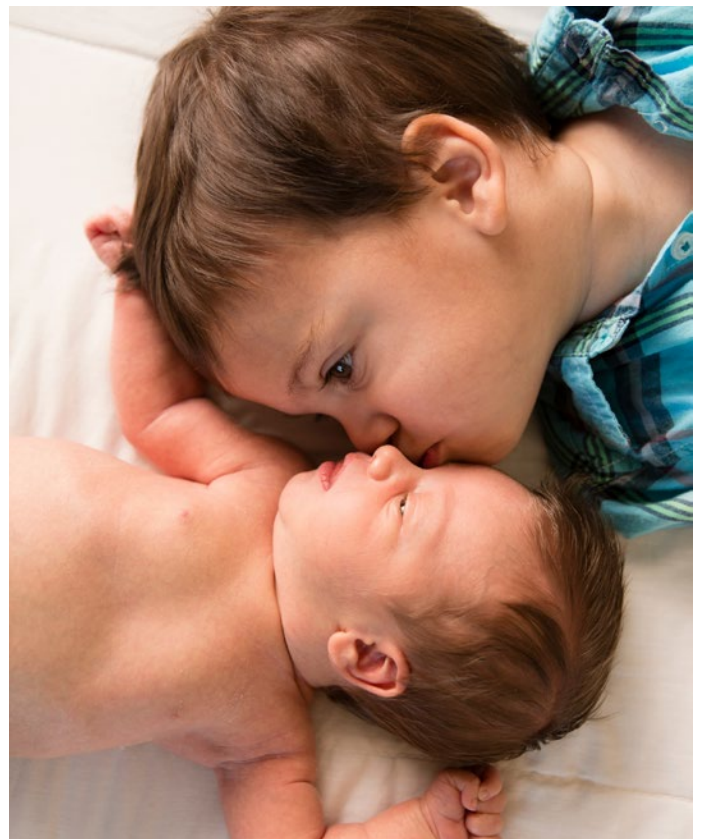
You and mom need a special time, too. Even though you may not be able to go out together often, you should make plans for a night out occasionally. Make plans with a good baby-sitter and take time for outings without the baby. Your baby needs parents who make time for themselves and have a loving relationship with each other.



Big Brother and Big Sister

It is possible that a big brother or sister may have difficulty adjusting to a new baby. The older child may not understand the need for the care and attention given to a new baby. He or she may feel jealous or "left out." Before the new baby's arrival, mom and dad's love was only for the older child. With the birth of the new baby, the big brother or sister may find love hard to share. Your older child needs love, special attention, and patient understanding at this time in order to have feelings of importance, security and belonging.

You can help make being a big brother or sister easier by encouraging your child to help with baby's care. Even a toddler can run errands. This makes your child feel secure, that he or she is important and is a member of the family.



Mom should spend special time with the older child. This is usually most possible when baby is napping. Dad should also give attention to the older child by setting aside special time as often as possible. Remind grandparents and friends to include the older child when giving attention to the new baby.

Changes in behavior of an older child may occur after the arrival of a new baby. A potty-trained child may wet the bed again; a weaned child may want a bottle or may want to breastfeed again. Accept your child's changed behavior with a positive attitude and understand that this behavior will not last.

Explain to the older child that a new baby needs a lot of time, care, and attention, just like he did when he was born. Encourage your child to tell you his or her feelings about the baby. Some children are best able to express their feelings by coloring or painting pictures.

In their need to be helpful and involved, toddlers may try to do more than they are able. For example, they may try to bring the baby to mother. So, keep an eye on toddlers when they are around the baby.

School-age children usually accept a new baby more easily since their worlds have already progressed to activities and relationships outside the family. Be careful not to impose on this maturity by turning older children into automatic baby-sitters. Don't assign the school-age child responsibilities with the baby that are beyond their capabilities.

Visitors

Many people will be anxious to visit you after the birth of your baby. This is usually a very exciting time, but also a very tiring time for you.

Since you will not be in the hospital for very long, you will need to get as much rest as possible. Adequate rest, along with food and liquids, are very important to your rapid recovery. It is difficult to get this much-needed rest if you have a constant flow of visitors.

Getting to Know Your Baby

While newborn babies have many common features and behaviors, each infant is unique.

One thing that most babies enjoy is touching. Being able to touch someone while feeding, or when relaxing, often provides a feeling of security. Touching, stroking, and cuddling are enjoyable and necessary activities for mom, dad, and baby.

Don't worry if you feel a little nervous at first - this is normal. As you adjust to the fact that this precious little one is really yours, you and baby will develop your own special relationship.

Wondering if everything is all there? Check it out — fingers, toes, eyes, ears, and nose. This special bundle of joy is yours for a lifetime and this is an excellent way to get to know him or her.



Common Characteristics of the Newborn

Skin

Newborns frequently have blue hands and feet at birth. This is called acrocyanosis. Don't be alarmed. This is normal for newborns and will change. The skin may be very rosy at first, but will gradually change to a more normal color.

Dry and peeling skin, especially on the hands and feet, is very common and will usually go away within the first week or so.

Small white spots which look like whiteheads may appear on the nose and face, and a red rash which looks like hives may show up on various parts of the body. The rash and white spots will all disappear in a few weeks without treatment. It is all a part of the newborn's adjustment to life on the outside the womb. Medicated ointment, powders, or squeezing the bumps can cause more problems. Just be patient, keep the infant clean, and wait.

Your baby may be born with a birthmark. You need to discuss the birthmark with your baby's physician.

Head

Your baby's head may look rather pointed or strangely shaped. This is due to the shifting or adapting of skull bones allowing the baby to travel through the birth canal. Just be patient and wait. Usually the head regains its normal shape in about a week.

Fontanelles are often called "soft spots." These are actually open areas in the baby's skull where the bones have not grown together yet. There is a fontanelle on the top of the head and one on the back of the head. The one on the top is larger and will close by the time the baby is about 18 months old. Occasionally during this time you may see this area pulsate or throb; this is normal. There is no danger of hurting these areas with normal handling because they are protected by a tough membrane.

Hair

Babies normally have downy fine hair on their bodies which is usually more noticeable on the back, shoulders and face. This is called lanugo, and usually disappears during the first few weeks after birth.

It is important to keep the baby's hair and scalp clean. Wash the hair during the bath using a baby shampoo or a baby wash. Sometimes infants develop cradle cap on the scalp. If this occurs, apply a small amount of oil and allow it to soften the cradle cap and then shampoo as usual, using a soft baby brush to work through the shampoo.

Eyes

Your baby's eyes may appear to be crossed. As your baby grows he will develop the ability to focus and should lose his cross-eyed look by the time he is six months old. Babies also tend to be nearsighted and can focus best when an object is 9 to 12 inches from them. Babies like to focus on the human face, especially that of their parents. Your baby may not have tears until he is two to four weeks of age. However, if your baby develops eye drainage after you go home from the hospital, you should contact your baby's physician. The most common cause of eye drainage is a blocked tear duct. This is a minor problem.

Ears

Your baby is able to hear clearly from birth, and particularly enjoys hearing the sound of your voice. Most babies are soothed by the musical sounds of a mobile or music box and may jump at loud or sudden noises.

Breasts

It is not unusual for the breasts of both boys and girls to be slightly swollen for the first few days after birth. This swelling is caused by the transfer of the mother's hormones during pregnancy. The breasts may even leak small amounts of milky liquid. Never squeeze or pinch the breast tissue. This could cause discomfort to the baby and may also cause an infection.

Sex Organs

The genitals of both boys and girls often appear larger than normal after birth. If your baby boy has been circumcised, follow your physician's directions for caring for him. Baby girls may have a blood tinged or whitish vaginal discharge for a few days after birth. This is normal and is due to the transfer of Mom's hormones during pregnancy.

Hiccups

Your baby may hiccup frequently. While the cause of hiccups is not known, they are not harmful to your baby and there is no need to try to stop them.

Sneezing

Your baby may sneeze frequently to clear mucus that collects in his nose. Babies are "nose breathers" rather than mouth breathers, so it is important to keep their nasal passages clear of excessive mucus.

Stools

The stool pattern can vary greatly from one baby to another. Six stools a day may be normal for one baby and one stool every other day may be normal for another.

The color and consistency of the stools will differ depending upon the type of formula your baby is taking. Breastfed babies usually have yellow to golden stools that are soft. Breastfed babies usually have more stools than bottle-fed babies. In babies that are formula-fed, the stools are pale yellow to light brown and are firmer in consistency.



Baby's Sleep

Babies' sleep habits vary. Some newborns will awaken only to be fed and then immediately go right back to sleep. Others will remain awake for longer periods of time. It may take several weeks before he knows that he is supposed to sleep longer at night than during the day. Because babies grow rapidly, they need a lot of sleep. Most newborns wake every two to four hours and sleep an average of 16 to 20 hours during a 24-hour period. Babies usually wake up when they are uncomfortable. They may be wet, they may be too hot or too cold, they may just want to be held, but most often they are hungry. You should always lay your baby on his back to sleep unless your baby's physician has told you differently.

You may get more rest if the baby does not sleep in the same room with you. His noisy breathing, snorts, and sneezes may keep you awake. It is never a good idea to put the baby in bed with you. There is a very real danger of smothering him or hurting him by rolling over on him in your sleep.



Safe Sleep

One of the most important items you will need for your baby is their own bed. This can be a crib or it can be one of the more portable canvas and mesh devices. There are several safety checks that should be followed:

1. Be sure the mattress is firm and fits the bed properly, with no spaces for hands or feet to get stuck.
2. If you have a crib with rails, make sure that they are close enough to prevent arms, legs and even heads from getting caught between them. The rails should be no more than 2 3/8 inches apart. If you can pass a pop can through the rails they are too far apart and you should not use this crib.
3. Make sure that you have a tight-fitting sheet for the mattress.
4. Do not put comforters, stuffed toys, blankets or bumper pads in the crib. These could cause your baby to suffocate.
5. There should be nothing in the sleep area except the baby.
6. Always put the baby down to sleep on their back unless told to do otherwise by the baby's doctor.
7. DO NOT over-dress your baby for sleep. A sleeveless sleep sack over a one-piece outfit or pair of pajamas will keep the baby warm.
8. DO NOT smoke around your baby and do not let others smoke around your baby.
9. DO NOT allow adults, other children, or pets to sleep in the same bed as the infant.

Baby's Cry

A baby cries for many different reasons and in many different ways. During the first few weeks at home, you will learn to tell what each cry means: hungry, tired, bored, or sick. And, you will gain skill in learning to meet the needs of your baby.

New parents are often told that if they pick their baby up each time he cries they will “spoil” their child. Studies have actually shown that parents who respond quickly to their baby’s cry have babies that cry less and for shorter periods of time.

Tips for Calming a Crying Baby

When a baby won’t stop crying, try these tips:

- Make sure your baby isn’t sick. Check for a fever, swollen gums, or other signs of an illness or injury. If you discover something, call your baby’s doctor or seek immediate medical attention
- Check to see if the baby needs to be fed, changed, or made comfortable
- Gently walk with the baby or rock him. You can also use a wind-up swing
- Offer the baby a safe, noisy toy. Shake or rattle the toy in front of him/her
- Take the baby for a ride in the stroller or in the car. Make sure you always buckle your baby into a car seat when he is riding in a car
- Put the baby in a soft and cozy sleep sack that will keep her warm. Make sure that it will not bunch around the baby’s face like a regular blanket
- Check to make sure the baby’s clothes are not too tight or that fingers and toes are not bent or pinched
- Background noise can calm a baby. Try turning on the music in the room or adding other consistent, rhythmic noise, such as a ceiling fan
- Talk or sing quietly to your baby
- Lay your baby tummy side down on your lap and gently rub or pat his back to help him relax. Remember to always support your baby’s head and neck
- Show a child love and concern by gently holding him/her
- If you are feeling overwhelmed, frustrated, or angry, call a trusted friend or relative and ask them to take over so you can have a break

- If nothing else works, put your baby in his bed, close the door to his room, and turn on the television or radio. Check on your baby frequently to make sure he is okay. The baby may eventually tire and go to sleep. Remember that babies should always be placed on their backs when sleeping. Placing them on their backs may help prevent Sudden Infant Death Syndrome (SIDS)

Never Shake Your Baby

Taking care of your baby can be overwhelming, especially when they cry non-stop. Even when you begin feeling angry or frustrated, remember to never shake your baby. Shaking a baby can cause serious injury or death. It just takes a matter of seconds until the damage is done.

A baby’s brain is fragile. Babies are more likely to get injured because they have very weak muscles in their neck that support their relatively large heads and developing brains.

Injuries caused by Shaken Baby Syndrome (also known as Abusive Head Trauma) can last a lifetime, so it’s important to know how to prevent it. Here are a few tips:

- You should never shake a baby or young child.
- Know what else may cause Shaken Baby Syndrome, including: spinning a baby, bouncing a baby, or failing to support a baby’s head when holding or playing with them. Babies are fragile and need to be treated with care.
- Know what to do if your baby won’t stop crying.
- Make sure that anyone caring for your baby knows how to hold and handle them. Explain that babies are fragile, and to never shake a baby.



Baby's Nutrition

Breastfeeding

Breastfeeding is the natural way to provide nourishment for your baby. Your body has been supplying your baby with the exact nutrients needed to grow and develop over the last nine months. Now that your baby is born, your body will continue, through your breast milk, to provide all of your baby's nutritional needs in a very natural and wonderful way.

Breastfeeding is not something that you automatically know how to do the minute you become a mother. It is a learning process for both you and the baby. It is important that you are in a comfortable position when you breastfeed and remember to be patient! You need to learn what to do and so does your baby.

Your breast milk is custom-made for your baby. The first milk, colostrum, is the perfect transitional food from the womb into the outside world for your baby.

Colostrum:

- Provides your baby with immunities against bacteria and viruses in the vulnerable newborn period
- Has a laxative effect to help your baby rid the bowel of meconium
- Has lactose, a natural sugar that helps your baby's blood sugar remain stable and aids in brain development
- Is concentrated, so baby doesn't need a large amount at first
- Coats and thickens your baby's intestinal tract to prevent absorption of harmful proteins, resulting in reduced risk of allergies and asthma

Benefits for Baby:

- Mother's milk has antibodies to help protect baby against disease
- Digests quickly and easily. That's why breastfed babies eat more frequently
- Lower risk of childhood obesity and ear infections. The incidence of ear infections is 3-4 times greater in formula fed babies
- Less respiratory infections and less diarrhea
- Lower incidence of Sudden Infant Death Syndrome (SIDS)
- A better response to vaccinations and an ability to fight disease faster
- Fewer orthodontic and dental related problems
- Average IQ score is 6-10 points higher than formula fed infants
- Wonderful way to calm and reassure your baby

Benefits for Mother:

- Something special only you can do for your baby
- Helps uterus return to non-pregnant size faster
- Less risk of postpartum hemorrhage
- Provides significant protection against certain types of breast, ovarian, and cervical cancers
- Reduces risk of osteoporosis
- Always ready and available for baby
- Helps you lose weight gained during pregnancy
- Enhances the close bond between you and your baby
- Fewer absences at work, as baby not ill as often
- Fewer medical expenses. Breastfed babies tend to be healthier
- Cost effective—estimated cost of formula the first year is over \$1,200. Breastfeeding is free.



Banked Breast Milk

As a mother, your milk is always the best food for your newborn. When breastfeeding isn't possible, the American Academy of Pediatrics recommends using human donor milk from healthy, lactating mothers.

Who donates milk?

Human milk donors are healthy mothers who are currently breastfeeding their own babies. When they make more milk than what their babies can use, they donate it to the Mother's Milk Bank at Bronson Methodist Hospital. Lakeland Hospital, Niles and Lakeland Medical Center, St. Joseph receive the donated breast milk after it has been screened and pasteurized. Donors are not compensated for their milk.

Is the milk safe for my baby?

Yes, human donor milk is safe. It goes through a thorough screening process to ensure it's healthy and safe for your baby to drink. The screening process for the donor mother includes:

- Blood tests
- Consent from her doctor and her baby's pediatrician
- Tests that check her milk for impurities
- Verbal and written questionnaires

Mothers who donate their milk can't be taking any medication. They, and their families, must be healthy during the time milk is being donated. Once a mother has been approved to be a donor, she receives detailed instructions about how to collect and handle her milk. She is instructed on how to properly wash her hands, clean her breasts, and sterilize her breast pump. She also receives sterile collection containers for milk storage.

How is the breast milk processed?

All milk is heat-treated, or pasteurized, to kill any bacteria or viruses. Most nutrients are preserved during pasteurization. Human donor milk is not a manufactured product, so nutritional content does vary. All milk is pasteurized and stored in compliance with the standards regulated by the Human Milk Banking Association of North America.

Can my baby get AIDS from donated breast milk?

No, human donor milk is safe. Milk is only accepted from mothers who test negative for HIV (the virus that causes AIDS) and have none of the risk factors for the disease. All milk is pasteurized, which kills HIV and other diseases. These processes meet the standards regulated by the Human Milk Banking Association of North America, the Food and Drug Administration, and the Centers for Disease Control.

I have a preterm baby; is it still okay to use human donor milk?

Yes. When possible, preterm babies will receive milk from mothers who also have preterm babies. Milk from mothers of preterm babies is higher in some nutrients during the first month after delivery.

Will there always be enough breast milk available for my baby?

The goal is to have milk available for every baby who needs it. Lakeland Health depends on human milk donors to keep the milk supply full and readily available. As a result, there are no guarantees that there will be enough milk for every baby. If a limited supply remains, milk will be given to babies with the most critical medical needs as determined by a neonatologist.

Nutritional Requirements of the Breastfed Newborn

At birth, the baby's stomach is about the size of a pea or a small marble. It can hold around $\frac{1}{2}$ - 1 teaspoon. At two days of age, the baby's stomach is about the size of a walnut. Gradually, the stomach increases in size. By the time the baby is 10 days old, it is about the size of a golf ball and holds anywhere from 1 - 4 tablespoons.

The first few days, the baby's feedings will consist of colostrum or "the first milk." Colostrum is rich in proteins, fat-soluble vitamins, minerals, and immunoglobulins. Immunoglobulins are antibodies that are passed from the mother. It protects the baby from a wide variety of bacterial and viral illnesses. Colostrum also serves as a laxative to clear the baby's intestinal tract of meconium. Colostrum is thick so that the newborn can learn the skill of sucking, swallowing and breathing. It is not unusual for the baby to suckle 4-6 times consistently before having enough milk in his mouth to swallow.

Every newborn should be treated as an individual. Some may feed as little as four times in the first 24 hours or as many as 12 times. Each feeding should consist of at least 5 minutes of consistent suckling with a sustained latch. It should last as long as 30 minutes on each breast. The frequency of the feeding depends on many things. These factors may include:

- mother's health status
- medications used prior to delivery
- a difficult delivery
- health status of the baby
- hospital routines such as vital signs, circumcision, and lab draws

The second night after birth, the baby is typically more awake and aware of his surroundings. It is not unusual for the baby to want to go to the breast frequently and nurse for short periods and then fall asleep. The baby may also cluster feed (several small feedings in a row). This behavior is normal and encourages the mother's milk supply to increase at a quicker pace. Keep in mind that each time the baby feeds counts towards the 8-12 feedings per day the baby should have by day four.

Elimination in the newborn starts out slowly. In the first 24 hours he should have one or more wet diapers and two or more meconium stools. The second day he should have two or more wet diapers and two or more meconium stools. By day four or five, the newborn should have six or more wet diapers and three or more yellow liquid stools. Some babies have a stool before or during each feeding.



Recognizing Hunger or Feeding Cues

When starting off, newborns tend to latch on easier and benefit from better feeding sessions if breastfeeding is initiated during hunger or feeding cues. Crying is the last cue in the sequence and often results in difficulty latching.

Feeding Cues



Quiet, alert:

Baby is awake and alert. Looking around. Quiet. This is an early hunger cue.



Sucking on lips or tongue:

This can be done while awake or asleep.



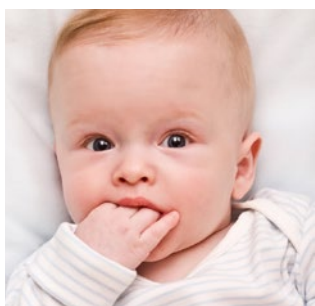
Rooting:

Turning head from side to side. Opening mouth as if looking for something to suck on.



Crying:

This is a late cue. A crying baby will not latch until comforted.



Moving hands to mouth:

Sucking on hands or fingers. Easily missed if using a pacifier.

Getting Started Breastfeeding

Positioning your baby correctly helps the baby to latch on properly and prevents problems.

- Watch for hunger/feeding cues
- Get comfortable using folded blankets, firm pillows or a breastfeeding pillow for support. A footstool may help get you into a good position and take the pressure off your back
- Bring the baby to you. Don't lean over
- Position the baby tummy to tummy with you. Baby's ear should be in line with his shoulder and hip. Tuck baby's arm under yours
- Support your breast using the "C" hold cupping your breast underneath and with the thumb on the top
- Lightly stroke your baby's lips with your nipple and wait for his mouth to open wide
- Aim the nipple at the roof of his mouth.
- Quickly bring the baby close to you. Baby's chin should approach the breast first. Your baby's nose should be flush up against your breast
- Your baby's lower lip should be curled downward and the upper lip curled upward
- Swallowing sounds may be heard as your baby starts to nurse. If you see dimpling in the baby's cheeks, hear clicking sounds, or if it's painful, break the suction and try again
- **Breastfeeding should not be painful**

How can I tell my baby's getting enough?

The following guidelines can reassure you that your baby is getting enough breast milk:

- 1 wet diaper in the first 24 hours after delivery
- 2-3 dark, sticky, tarry stools per 24 hours in the first days
- **Change in stool to yellow, watery liquid by day 5**
- Baby's eating 8 or more times in 24 hours by day 3
- Baby appears content after feeding
- Your breasts feel softer after feeding
- Baby's weight gain. You can expect around a 10% weight loss during the first 4-5 days. Most babies regain to their birth weight by 2 weeks of age
- If you're not sure your baby's getting enough to eat, keep track of feedings and diaper changes for a few days using the breastfeeding journal on the next page



Newborn Breastfeeding Journal

[illegible]

Normal Newborn Elimination and Feeding Frequency in the First 4 Days of Life

Day 1: Baby breastfeeds 4 or more times and has 1 or more wet diapers

Day 2: Baby breastfeeds 6 or more times and has 2 or more wet diapers

Day 3: Baby breastfeeds 8 or more times and has 3 or more wet diapers

Day 4: Baby breastfeeds 8 or more times and has 4 or more wet diapers

Plus: 2 or more meconium black-green stools per day

Day 4 or 5: (Following an increase in your milk production)

Baby breastfeeds 8 or more times and has 6 or more wet diapers

and 3 or more small or 1 large yellow (mustard-like) breast milk stool per day

Recognizing Successful Breastfeeding

Breastfeed for as long as your baby does effective feeding or nutritive suckling. Most newborns breastfeed 8-12 times in 24 hours for 20-40 minutes each feeding.

In successful feeding, **YOU** need to:

Hold your baby comfortably without straining your back, shoulders, arms or wrists:

The use of pillows to bring your baby up to your breast level will prevent arm strain. Support your breast using the "C" hold during the entire feeding. If you have large breasts, use a rolled up cloth diaper under your breast for better breast support. A rolled-up towel under the arm or wrist that is supporting your baby's head will help to prevent strain as well.

Maintain proper mouth position for your baby:

Your baby will latch on with a wide open mouth surrounding your nipple and areola. His top and bottom lips are rolled outward, not under, and his nose is touching your breast.

Breastfeed comfortably:

You will feel a tugging or drawing sensation on your nipple and areola. A feeding that is going well is not painful. If you feel pain, stop the feeding and start over.

See your baby's jaw, temple and throat move:

When your baby is feeding well, you can see his jaw move. You may also notice movement in his temple and in his throat.

Hear your baby swallowing:

Your baby's suckling may be rapid at the beginning of his feeding, followed by gulps and short pauses. The suckling pattern should be repeated without constant stimulation.

In successful feeding, **YOUR BABY** will:

Relax as you continue feeding:

Your baby's body may be tense at the beginning of the feeding because he is hungry and eager to feed. As he feeds, he will become more relaxed. While feeding, your baby may fall asleep at your breast and/or release from your breast, letting you know that he is full.

Feel content rather than fussy and tense:

Many newborns may wake when moved or placed on a cold crib sheet that does not smell or feel like mom. Try swaddling your baby and keeping him close. If your baby fusses frequently at the end of the feeding, call your lactation consultant.

Need plenty of diaper changes:

After the fourth day, a baby who is feeding well will have at least six wet diapers and three small or one large stool in 24 hours. If his soiled diaper count is less than this, contact his pediatrician or your lactation consultant right away.

Sleepy Baby?

Try some of these wake-up techniques if your baby needs to feed or falls asleep during the feeding:

- Undress your baby to his diaper before feeding
- Hold your baby skin to skin
- Massage your baby, stroking from fingertips and toes towards chest
- Walk your fingers up your baby's spine
- With a clean finger, stroke your baby's cheeks, lips and mouth
- Call your baby's name. Sing and talk to him in a normal voice
- Change your baby's diaper
- Wipe your baby's face with a cool washcloth.
- Do slow, gentle baby sit-ups

Tips for a Successful Breastfeeding Experience

- Identify someone who will be supportive of you breastfeeding
- Breastfeed your baby as soon as possible after birth, preferably within the first 2 hours
- Use proper latch-on each time you breastfeed.
- Take advantage of rooming-in and feed your baby often. Watch for your baby's hunger/feeding cues
- Attempt to breastfeed at least every 3 hours for the first 2 weeks
- Breastfeed 8-12 times in a 24-hour period after the first 4 days
- Ask for help with sore nipples before they become cracked or worse. With good positioning and latch-on, this does not need to be part of your breastfeeding experience
- Get plenty of rest. SLEEP WHEN YOUR BABY SLEEPS
- Drink to thirst. Having a glass of water available each time you nurse is a good way to remember
- Eat well-balanced meals with moderation in all things. You don't have to deny yourself certain foods while breastfeeding unless it truly causes a problem for your baby
- Check with your care provider or lactation consultant before taking any medications while breastfeeding
- Take time for yourself and your partner
- Wean when you and your baby are ready. Follow your own intuition, not other's advice
- Enjoy this special time with your baby. It is a very short phase in your child's life
- Call your lactation consultant or care provider for assistance or if you have questions

Common Breastfeeding Concerns *If you experience:*

Engorgement

- Breastfeed often - every 2 to 3 hours
- Apply warm, moist towels to your breasts for five minutes before nursing
- Massage the breast before and during feeding to stimulate let down
- Soften areola and nipple before latching on by hand or pumping
- Latch baby on correctly
- Breastfeed 5 to 30 minutes per breast
- Ask for help when needed
- Take a mild analgesic as recommended by your care provider
- Avoid restrictive bras
- Remember engorgement won't last forever
- You may pump once a day to relieve engorgement without fear of making too much milk

Sore Nipples

- Latch baby on correctly each feeding. Breastfeed your baby, not nipple-feed
- Ask for help
- Change breastfeeding positions and feed from the least sore breast first
- Air-dry nipples for 10 minutes after each feeding
- Change bra pads when they become wet
- Use breast pumps correctly
- Remember sore, cracked, bleeding nipples do not have to be tolerated. SEEK HELP

Feeling of Decreased Milk Supply

- Breastfeed baby 8 to 12 times a day. Wake baby up for feedings at least every three hours during the day
- Watch for adequate amounts of wet and soiled diapers
- Use proper latch-on
- Drink plenty of fluids
- Relax! Try to sleep when baby sleeps
- The more you breastfeed, the more milk you will make
- Remember that babies go through predictable growth spurts and will need to nurse more often to increase your milk supply. Growth spurts typically occur at two weeks, six weeks, three months and six months of age
- If this feeling persists, contact your lactation consultant

Plugged Milk Duct

- Apply moist, warm towels to affected area
- Massage area before and during feeding
- Use a different position to breastfeed
- Begin feeding on affected side
- Avoid restrictive bras or take your bra off while feeding or pumping
- Contact your lactation consultant or care provider if you have a fever or flu-like symptoms (possible sign of a breast infection - mastitis)

Crying/Colic

- If your baby seems unusually fussy, try keeping a food diary of what you eat and drink. Some babies may be sensitive to certain foods in your diet. Discuss this with your care provider
- Try to maintain somewhat of a routine naptime or bedtime
- Fussy babies are often soothed by swaddling and/or motion (rocking, swinging, riding in the car) or certain sounds

Yeast Infections

Sudden onset of nipple pain. Nipples are red and pink and may be flaky or itchy. Nipple pain persists throughout entire feeding even if latched on well. Baby may have white patches in his mouth or bright red diaper rash.

- Call your care provider and the baby's physician for medication to treat both of you
- Continue to breastfeed
- Change your bra pads when wet
- Wash bra in hot water daily
- Allow nipples to air dry after each feeding
- All bottle nipples, pacifiers, and toys that come in contact with baby's mouth need to be boiled or run through the dishwasher daily



Returning to Work or School

Breastfeeding keeps you connected to your baby, even when you are away. Employers and co-workers benefit because breastfeeding mothers need less time off for sick babies.

Let your employer and/or human resources manager know that you plan to breastfeed once you return to work. You should request a clean private area where you can pump your milk. You can pump your milk during lunch or other breaks and refrigerate it or place it in a cooler for your baby to be fed later.

Take as much time off as possible. It will help you get breastfeeding off to a good start. It will also reduce the number of months you may need to pump your milk while you are at work or school. If your baby will need to drink your milk from a bottle while you are gone, it is a good idea to start expressing milk at about the third or fourth week. That way you can introduce bottles around week four. It's best to avoid bottles and pacifiers before the fourth week while you and your baby are learning to breastfeed.

Pump once every day at about the same time of day. You will be able to store some extra milk in the freezer for a backup supply. Small amounts of an ounce or so can help the baby get used to the bottle without interfering with breastfeeding. Use a little of your freshly pumped breastmilk for the next day's practice feeding. Silicone, wide-based, slow-flow nipples are best. Have someone else offer the bottle if possible. For a valuable handout on how to correctly bottle-feed a breastfed baby, see:

www.kellymom.com/bf/pumping/bottle-feeding.html

Once you return to work or school, the milk you pump while away is used to feed the baby the next day. Frozen milk can be stored in 1-3 oz. packets, and thawed when needed to use as back-up supply. After pumping, cool your milk in a refrigerator or cooler. Use a cooler carrier with frozen ice packs to take your milk home after work or to the sitter's. If you travel for work, milk can be shipped packed in dry ice, or shipped on airlines packed in cooler containers with dry ice packs.

Bottle-Feeding the Breastfed Baby

It is important to get breastfeeding off to a good start before introducing bottles. For some mothers, returning to work or school requires their baby to take a bottle. Other mothers may wish to give an occasional bottle for convenience. There are many different ways to go about this and every situation is unique. Discuss your situation with your lactation consultant. Together you can devise a plan right for you.

These are some general guidelines to consider when introducing your breastfed baby to a bottle:

- It is always recommended to give expressed breast milk when available
- Wait until breastfeeding is established. Typically introducing a bottle at 4-6 weeks of age avoids "confusion" or "preference" from the baby
- Use a short, slow-flow, wide-based silicone nipple. Most women's nipples hardly resemble the usual bottle nipple being marketed. Choose a nipple that looks more like the human body. The breast is a slow-flow device so a nipple that flows like the breast is preferred. Latex has a distinct odor and taste. There are also growing numbers of latex allergies and sensitivities. It is best to use silicone and avoid latex altogether when possible
- Have someone else offer the bottle. Babies are smart. They can identify their mother by smell, taste and sound. If the mother is giving the bottle, the baby may refuse to take the bottle and hold out for the breast
- Hold baby in an upright position. It is important to avoid letting the baby drink from a bottle while lying down. This position can increase the chance of ear infections and early dental cavities
- Pace the feeding. A breastfeeding session can take 20-30 minutes. Pause frequently and switch from side to side. This can mimic a breastfeeding experience. It is important to allow time so the baby's system is able to recognize "fullness" in order to avoid over-feeding

Breastmilk Storage

- You may feed a baby fresh breast milk that has been left at room temperature for up to 6 hours
- Pumped milk can be stored in a cooler with three frozen ice packs for 24 hours
- Fresh breastmilk may be stored in the refrigerator for 5-7 days. If you're not going to use the milk within the first few days, allow the milk to be chilled in the refrigerator and then freeze it to preserve the freshness
- Frozen milk may be stored for 3-4 months in a self-contained refrigerator freezer unit or 6-12 months in a deep freezer
- Thawed milk may be kept for 24 hours in the refrigerator
- Never refreeze thawed breastmilk

When you want to feed the milk to your baby, thaw the milk by placing the bottle or bag in warm water. NEVER microwave breastmilk. Microwaving can change the milk's composition and has a potential for hot spots which could burn your baby.

Breastfeeding Support Services

Now that your baby is here, this will be a busy and challenging time for you, especially if you are breastfeeding.

The Margaret Beckley Upton Center for Health Enhancement of Lakeland Health offers programs, services, and products to help make the breastfeeding experience beneficial for you and your baby.

Free Breastfeeding Counseling

If things don't go as planned, our certified lactation consultants can help. Lactation consultants are professional breastfeeding specialists trained to teach you how to feed your baby. We have a board-certified Lactation Consultant on staff Monday through Friday. Our goal is for you to be seen by the Lactation Consultant at least once during your stay. Our consultants can help you work through any problems you may have while breastfeeding including:

- Latching difficulties
- Low milk production
- Meeting your breastfeeding goals when returning to work or school
- Painful nursing
- Proper storage of breast milk
- Using breastfeeding equipment, like breastfeeding pumps
- Your baby not gaining enough weight

The Breastfeeding Boutique

The Breastfeeding Boutique at the Center for Outpatient Services, St. Joseph located at 3900 Hollywood Road carries a full line of Medela® products to further assist moms who are breastfeeding.

For more information, call (269) 927-5355 or visit www.lakelandhealth.org/breastfeeding

Free Services Include:

- Private consultations with a breastfeeding counselor by appointment
- Baby weight assessment checks to confirm adequate input (feeding)
- Custom fittings to ensure the proper nursing bra fit
- Product delivery to moms at Lakeland's Niles and St. Joseph hospitals.
For same day delivery call, (269) 927-5355 by 10:00 a.m.



Breast Pump Rentals

Breast pump rental is a nice option for new moms who want to see that breastfeeding will work before committing to a large purchase. It may also help those who cannot afford \$200 or more at one time to buy a breast pump. Breast pump rental is easy on your budget because you pay as you go. Powerful, hospital-grade breast pumps are also good for new mothers who are pumping to establish a milk supply, such as moms of NICU babies.

We currently rent the Medela Symphony Breastpump which is proven to reduce pumping time through faster let-down and milk flow and remove as much milk as a breastfeeding baby. This pump mimics the natural sucking pattern of a baby and moms can easily change from single to double pumping.

You can rent this pump weekly for \$25, monthly for \$50, three months for \$135, or five months for \$225. You may extend your rental period at any time. Please call (269) 927-5355 or (866) 260-7544 to establish a rental agreement fill out the form on page 55 and take it to:

**The Breastfeeding Boutique
Center for Outpatient Services, St. Joseph
3900 Hollywood Road**

Breast Care

Breastfeeding Mothers:

- Wash your breasts daily with water only
- Avoid using soap on the breasts as this may dry the skin and remove the natural protective lubrication from the nipple area
- Allow your breasts to air dry after feedings and after your shower, whenever possible. Wear a well-fitted, supportive bra. Broad, non-stretch shoulder straps are best. Nursing bra flaps should open easily and allow enough room for the breast to be released without restricting the flow of milk. Be careful about underwire bras. Make certain that there is not undue pressure placed upon the milk ducts which could cause a blockage of milk
- Wear breast pads, if needed, to protect clothing from leakage of milk. Pads may be disposable or washable. Select pads without a plastic lining. Plastic-lined pads trap moisture against the nipple and may lead to irritation. Always change breast pads when they become damp
- Observe the nipple and areola areas often for redness, cracks, blisters, bruising or other signs of irritation. Observe the rest of your breast tissue for reddened, hot or sore areas. Notify your care provider or lactation consultant immediately if you detect any of these signs

Bottle-feeding Mothers:

- Be aware that your breasts may become temporarily engorged with milk. Your breasts may feel full and uncomfortable for several days
- Wear a snug, supportive bra from the time your baby is born until engorgement has resolved. This will compress your breasts and reduce milk formation
- Avoid stimulation of your breasts. Direct the shower water stream onto your back, not over your breasts. Do not express or pump milk since this will stimulate your body to produce more milk
- Apply ice packs for comfort. Ice will also reduce tissue inflammation and swelling that accompanies engorgement. You may use bags of frozen peas or corn as cold compresses. These may be refrozen for repeated use but you should not eat the bags of vegetables that have been used as compresses
- Follow your care provider's advice regarding the use of a mild analgesic for additional relief of discomfort
- Remember to drink adequate amounts of fluid each day



Bottle-feeding

For the first year of life, infant formula is the only acceptable alternative to breast milk. Whole milk, 2%, 1% or skim milk should only be used if recommended by your baby's provider. There are several different types and brands of formula. You and your baby's provider should discuss the formula chosen for your baby. Before you are discharged from the hospital, the nurse will instruct you in formula preparation. Talk to your baby's provider for recommendations regarding the type of water to use for formula preparation. DO NOT change your baby's formula without talking with your baby's provider.

Formula is normally sold in three forms:

- Ready-to-feed, while convenient, this is also the most expensive. The unused portion may be stored in a covered container in the refrigerator for 24 hours, after which it should be discarded
- Concentrate must be mixed with water in the exact amount recommended by the manufacturer. The unused portion may be stored in a covered container in the refrigerator for 24 hours, after which it should be discarded.
- Powdered must be mixed exactly as recommended. This is the least expensive form. Once mixed, it may be stored in the refrigerator in a covered container for 24 hours

When baby has finished feeding, any formula left in the bottle should be thrown away.

Tips for Bottle-feeding

- Make feeding time a special time for you and your baby. Use feeding time as an opportunity to express your love. It is an opportunity for the emotional development of your baby and can strengthen family ties. This is a very good time to involve dad and other siblings in the care of the baby. During feeding times be sure to sit in a comfortable chair and hold the baby cradled in your arms so that you are face-to-face
- Hold the bottle so that both the neck and the nipple are always filled with formula. Touch the nipple to your baby's mouth and he will turn and grasp the nipple with his mouth. Sucking is part of the baby's pleasure at feeding time. A baby may continue to suck on a nipple even after it has collapsed. So, take the nipple out of your baby's mouth occasionally to be sure it has not collapsed
- Never prop a bottle or leave your baby alone to feed. The bottle could slip and make the baby gag. Also, drinking from a propped bottle may be related to tooth decay in older infants. Remember, too, your baby needs the security and pleasure of being held at feeding time
- If your baby prefers warm formula, remove the bottle from the refrigerator just before feeding and put it in a pot of hot, not boiling, water. Before feeding the baby, test the temperature of the formula by shaking the bottle and allowing a few drops of the formula to fall on the inside of your wrist. It should feel warm, but not hot. Use of a microwave oven to warm formula is not recommended
- Burp your newborn baby about every ounce. Older babies may only need burping about halfway through and at the end of the feeding
- Switch to hold your baby in the opposite arm after burping. This will promote equal development of the eye muscles because the baby will look toward you during the feeding
- Trust your baby to let you know how much he needs to eat. Don't coax your baby to finish a bottle if he seems satisfied. When your baby no longer seems satisfied after a feeding, it may be time to add another ounce to the bottles

Burping Your Baby

No matter whether you breast or bottle feed, babies often swallow air while feeding. Burping your baby several times during the feeding will help remove the swallowed air and relieve pressure in the stomach caused by this air.

There are three methods of burping a baby that work equally well:

Sometimes, a baby will not be able to burp. Do not try to force the baby to burp if the first few attempts are not successful.

1. Hold baby upright against your shoulder and gently pat or rub baby's back. A small amount of milk may come up with the air when the baby burps, so it is a good idea to protect your clothing with a diaper or some other cover on the shoulder.
2. Hold the baby upright on your lap. Support baby's head and chest with one hand. Gently pat or rub baby's back with your other hand.
3. Lay baby on its stomach across your lap with its head slightly raised and gently pat or rub baby's back.



Caring for Your Baby at Home

Bathing Baby

Baby's bath time should be at a time that is good for both of you. It should not be rushed and with enough time for before a feeding that your baby will not get fussy. Giving the baby's bath right after a feeding may cause him to spit up.

Also, newborns do not need a bath every day. Once or twice a week is plenty. This prevents their sensitive skin from drying out. Use a room that is warm and not drafty for the bath. You should have a solid area to work that is a good height for you. The kitchen counter often works well. Get together all the bath things you will need before starting so that you do not ever leave your baby alone.

You will need a soft washcloth and towel, a clean basin or bowl, clean clothes and the following items:

- cotton balls
- diapers
- diaper pins (if using cloth diapers)
- mild soap
(if recommended by your physician)
- lotion (if recommended by your physician)
- hair brush

Fill the basin with warm water that feels good to your wrist. Lay the baby on a table or counter top that has been padded with a towel or blanket.

Never leave your baby alone or turn your back to the baby without keeping a hand on him. If you should have to leave for any reason, take the baby with you or lay him on the floor. Even newborns can move around and might fall from a table or countertop.

Wash the eyes first using clean water. Gently clean the eye from the inner corner outward. Use a clean cotton ball for each eye or use a different corner of a washcloth for each eye.

Wash the face using a soft washcloth. Wrap the washcloth around your finger and wash only the outside part and behind the ears. Do not try to clean the inner ear. The wax protects baby's inner ear.

A moistened cotton ball or corner of a washcloth can be used to clean the opening of baby's nose. Never use a cotton swab to clean the nose or ears. If baby should move, the hard stick may injure tender tissues.

Shampooing Baby's Hair

Wrap your baby in a blanket or towel and hold him on your hip using the "football hold." Support your baby's head with your hand. Protect the ears from water by covering them with your thumb and finger. Wet the scalp and put on a small amount of shampoo. Rub the shampoo into the hair using your hand or a brush. Dip the washcloth into the water and rinse the baby's head. Never hold your baby's head under a running faucet. Gently dry the baby's head with part of the towel. It is not necessary to shampoo your baby's hair every day. However, brushing the hair on a daily basis is encouraged.

Rest of the Bath

Unwrap the blanket or towel, and take off the baby's clothes. Wet the washcloth or your hands and gently wash starting at the neck and working down. Make sure to clean all of the creases, between the fingers and toes and neck. Turn your baby to one side and wash his back. Then rinse and dry gently. Remember, it is important to get all of the soap off, so rinse the baby well.



Care of the Genitalia

Girls:

Separate the labia and gently clean from front to back. Use a clean cotton ball or a different corner of the washcloth for each stroke.

Boys:

Care and Appearance of the Circumcision Site

For the first few days after the circumcision, the area will be swollen, red and raw. In some instances, the physician will wrap the area with a piece of Vaseline gauze to keep the diaper from irritating the circumcision. If Vaseline gauze is used, do not replace it when it falls off. If the Vaseline gauze has not fallen off by the second day, soak the gauze with a wet wash cloth and gently remove.

On the second day after the circumcision, it is not unusual to have a yellowish appearance around the area. This is part of the healing process and it is not a sign of infection. DO NOT try to wash it off; it will disappear as the area heals. Call your baby's physician if

- the circumcision bleeds
- has drainage
- becomes red and swollen

Healing usually occurs within 7-10 days. Problems with healing are rare, but it is important to watch for signs of infection. Signs of infection may be a fever of 100.5°F or over or the baby being unable to urinate.

If your baby has a plastibell type circumcision, do not remove the plastic ring. It will come off by itself as the area heals.

It is important to keep the circumcision clean and dry. You can clean the area by squeezing warm water from a washcloth over the circumcision. Do this while bathing and after each bowel movement. To further help keep the area clean and dry, change the diapers as often as necessary. If the tip of the penis seems irritated, place a little Vaseline on the area each time you change the diaper. Make sure the diaper fits loosely to prevent irritation.

Care of the Uncircumcised

Clean the penis with warm water and pat dry. During infancy you may not be able to pull back the foreskin. DO NOT force the foreskin back. It will take time for the skin to loosen up so it can be pulled back easily.

Tub Bath

When the cord area and circumcision have healed, you can use the same bath method described above, only in a tub. To prevent slipping, put a small towel or cloth diaper in the bottom of the tub. Place your baby in a sitting position and hold the head and shoulders with one hand while bathing with the other hand. You may also find it convenient to use a baby-sized bath tub for bathing your infant. These allow the baby to recline and may make bath time easier.

Remember, your baby does not need to have a bath every day. In the winter, you may only want to give a total bath once a week and a sponge bath in between. When sponge bathing, just wash the eyes, nose, ears, the face, hands and the baby's bottom.



Jaundice

Jaundice is a common and usually harmless condition in newborn babies. The word jaundice refers to the yellowish tint of the skin or whites of the eyes in babies. This is most often noticed on the second or third day of life. It may occur in either breastfed or formula-fed infants.

In most babies, jaundice occurs because the liver and the other organs are not yet fully mature. The liver helps to rid the body of bilirubin. Bilirubin is the breakdown product of old red blood cells and causes the yellow coloring.

There are several ways to treat jaundice depending upon when the yellow coloring first was noticed and the levels of bilirubin in the blood. Often, jaundice will disappear within a week without any treatment. Or, the physician may recommend that the baby be fed more frequently, every 2-3 hours. This will help the baby to have more bowel movements and help the body get rid of the bilirubin.

At other times, treatment may consist of “phototherapy.” There are two ways of doing this. The baby may be placed under special “bili lights” or may be placed on, or wrapped in, a “bili blanket.” Baby’s shirt and blanket are removed to allow the lights to shine on as much skin as possible. When the baby is placed under the “bili lights,” or on the “bili blanket,” his eyes are covered with a mask to protect them from the bright lights. Light helps to break down the bilirubin in the skin and allows it to be passed in the urine and stool. If your baby is under the bili light in the nursery, he can be brought to you for feedings.

If your baby is under the bili lights in your room, he may be brought back to the nursery for blood tests and assessments. While your baby is being treated, his temperature, stools, and blood tests to determine the bilirubin level, will be checked frequently. Your baby’s provider will keep you informed of his condition.

Baby’s Stools

A baby’s first bowel movement is usually thick, black and sticky and it is called “meconium.” This soon becomes yellowish or greenish-brown and will vary in amount and number of stools passed each day.

Breastfed babies may have more stools than bottle-fed babies during the first one to two months of life. The breastfed baby may have a bowel movement with each feeding or not have a stool for two or more days and still be normal. Often the stools will be soft and bronze or gold in color. Each baby is different. There is a wide range of normal bowel movements.

Bottle-fed babies’ stools are usually a pale yellow, soft, and have an odor. After a few weeks, one or two stools a day are common.

Even though all babies seem to “grunt” and get slightly red in the face while passing a bowel movement, it does not mean they are constipated. Constipated stools are hard, dry and formed like pellets. Diarrhea stools are greenish and watery and the baby may have up to five to ten per day. **NEVER TREAT CONSTIPATION OR DIARRHEA WITHOUT CHECKING WITH YOUR BABY’S PROVIDER FIRST!**

Diapering

Whether you choose cloth or disposable diapers, make sure that they fit snugly while not restricting movement.

Until the umbilical cord is off, fold the diaper below the level of the cord to help keep it dry.

Check the diapers frequently, about every three to four hours. Many of the “ultra” disposable diapers are hard to tell when the baby is wet. If in doubt, change the baby. By changing the diaper frequently, you will help to prevent diaper rash. It is best not to “cake on” ointments which do not allow the skin to breathe.

Lay the baby on his back on a clean, firm surface. After removing the pins or tabs, carefully lift the baby by the ankles. Clean the diaper area. Carefully clean all difficult spots like between the labia, under the scrotum and all skin folds.

When replacing the clean diaper, again lift the baby by the ankles. The thickest fold should be in the front for a boy and in the back for a girl if using cloth diapers. Always point the safety pin toward the back of the baby and remember to place your fingers between the skin and the diaper while pinning cloth diapers.

Laundry clothing separately from the rest of the family’s using a mild soap such as Dreft or Ivory Snow.

Always rinse cloth diapers well to remove any stool material before washing. A second rinse cycle after washing is helpful to prevent diaper rash or skin irritation.

Fabric softeners or dryer sheets should not be used for baby’s clothing. These softeners have been found to cause skin rashes and irritation.

Car Seats

Place infants in a rear-facing car seat in your vehicle’s back seat until they are at least one year old or 20 pounds. It is important to check your car seat’s height and weight limitations. **Best practice is to place babies and toddlers in rear-facing car seats until they are two years of age.** We encourage you to read the manufacturer’s guidelines for installation of your particular car seat and for height and weight limitations. Remember, as parents, you are responsible for proper restraint of your baby.

For more information or to find out how you can have your car seat or booster seat checked by a certified child passenger safety technician, call (269) 927-5403.



When Baby is Sick

Because babies are unable to tell us when they are sick, they let us know in other ways. Some of the ways that your baby might act when he is ill are:

1. Not eating the way he usually does or refusing to eat for several feedings in a row.
2. Crying continuously. Usually the cry is different than when he is wet or hungry. It may be higher-pitched and sound more painful.
3. Baby's eyes may have dark circles under them, and the eyes may appear sunken.
4. Baby may pull at or rub his ears, or toss his head from side to side.
5. He may just act "differently" than he usually does.
6. He feels warm to touch.

Before you call your physician, you should make a list of his symptoms. It will be important to report what the baby's temperature is and how the temperature was taken. When you call the physician, have a pencil and paper handy so you can write down the instructions that are given.

Call your baby's physician if any of the following are present:

1. Rapid or difficult breathing.
2. Blue discoloration around the mouth.
3. Repeated vomiting - not just spitting up.
4. Continuous crying - cannot be quieted.
5. Sleeping more than usual and/or difficult to awaken.
6. A fever of 100.4°F or above in the first three months of life (axillary temperature/under the arm).
7. An unusual rash.
8. Diarrhea stools - more than six stools in a 24-hour period that are green and watery.

Taking Baby's Temperature

Take your baby's temperature if you think that he is ill. To accurately take your baby's temperature you must use a thermometer. Just feeling your baby's skin will not be accurate.

Axillary Temperature (under the arm)

If you have an electronic or digital thermometer, follow the directions for use that come with your thermometer. When reporting the temperature to the baby's physician, be sure to report that it is an axillary temperature.

Ear Thermometer

If you have a tympanic thermometer (ear thermometer), make sure that you follow the directions that came with it. You also need to be sure and tell your baby's physician that it was an ear temperature.



Caring for Mom

The Postpartum Period

The postpartum period is the first six weeks following the birth of your baby. During this time, your body will go through many changes as it returns to the non-pregnant state.

Uterus

The size of your uterus will undergo the most change. Immediately following birth, the fundus (top of the uterus), can be felt at or just below the navel (belly button) and will rise just above the navel (belly button) within a few hours. In about two days, the uterus begins to decrease in size. After 10-12 days, the uterus will not be felt.

As the uterus returns to the non-pregnant size, you may have cramping sensations similar to menstrual cramps. This is called “after-birth pains”. They may be more noticeable in some people than others. After-birth pains tend to be stronger the more babies you have. If you are breastfeeding, you may notice cramping during feeding, since breastfeeding stimulates the uterus to contract.

After-birth pains may last several days, but usually become less intense after 48 hours. Your physician/nurse midwife may prescribe a medication to help lessen this discomfort.

Abdomen

Even though your abdominal muscles will partially recover from stretching, your abdomen will remain soft and flabby for some time. These muscles need at least six weeks to return to their pre-pregnant state. Proper rest, nutrition, exercise and good posture will help to restore muscle tone and tighten the abdominal muscles. (Refer to the exercises listed on pages 47 to 48 of this book.)

Although striae, or “stretch marks”, usually remain on the abdomen, they become less noticeable as they grow lighter and may finally have a silvery-white appearance.

Weight Loss

About 10 to 12 pounds of weight may be lost when the baby is born. This loss includes the weight of the baby, the placenta or “after birth” and fluid that was around the baby in the uterus.

There is usually a loss of another five pounds within two to five days after delivery. This is due to increased urine output and sweating. In the first few days after the baby is born, the body rids itself of extra fluid through the kidneys and skin. Increased sweating and episodes of profuse sweating are not unusual.

You may gradually lose more weight. Weight loss will vary with each individual. Diet and activity play an important role.

Lochia

You will experience a vaginal discharge after delivery that starts like a heavy menstrual flow and then gradually decreases. This discharge is not a menstrual period, but is a shedding of the lining of the uterus. It is called “lochia.” At first it is red, then it turns pink, then brown and finally white or colorless. The changes in the color of your lochia are signs of healing. If the lochia turns red again after it was pink or brown, it may be that you have been overactive and that your body needs more time to heal. Should this occur, decrease the amount of your activity and take regular rest periods. You may have a vaginal discharge for up to six weeks. During this period of your recovery, use sanitary napkins rather than tampons to absorb the flow. It takes about four weeks for the cervix (opening to the uterus) to close completely and during that time tampons could introduce unwanted germs into the uterus.

The first real postpartum menstrual period usually occurs within five to eight weeks after delivery in mothers who bottle-feed. Breastfeeding mothers may not have a period until they wean the baby.

Episiotomy

An episiotomy is a small incision in the perineum (the area between the vaginal opening and the rectum). The episiotomy enlarges the vaginal opening, allowing more room for the baby to be delivered. The incision is repaired with stitches which dissolve and do not need to be removed. To help promote comfort and healing, refer to Kegels exercises included in this book on page 46.

Peri Care

After delivery you may experience pain in the perineum. This is the muscular area between the vagina and the rectum. It is stretched during the pushing stage of labor. The perineum may have been cut during delivery (episiotomy), or it may have torn naturally (laceration). If you had an episiotomy or laceration, ice may be applied to the area. Ice numbs the area and helps prevent or reduce swelling for the first 24 hours. After 24 hours, a portable sitz bath or a tub bath may also be used as it produces comfort and is helpful for healing.

As soon as you are able to be up to the bathroom after delivery, you will be given a small plastic bottle to use for perineal care. Each time you use the bathroom, fill the peri bottle with warm water and squirt it over your perineum. After rinsing with the warm water, pat this area dry with toilet paper. Pat from your vaginal area to your rectum. Pat from front to back and drop the tissue in the toilet. It is important for you to continue this peri care for up to two weeks after your delivery.

You may also have an anesthetic spray for your perineal area if you have stitches. Do not overuse the spray but use enough to provide relief. You may also have witch hazel pads (a moist pad) which can be placed on your stitches.

Constipation

Your first bowel movement can be a problem due to the relaxed state of the abdominal muscles and the fear of discomfort. Constipation may result unless certain steps are taken to prevent it. These include:

- Drinking at least eight glasses of liquid a day
- Eating a diet that includes fresh fruits and vegetables, and whole-grain breads and cereals
- Walking soon after delivery

Your physician/nurse midwife may prescribe a mild laxative or stool softener. Only take the medications recommended by your physician/nurse midwife as certain laxatives are passed on in breast milk and could affect your baby if you are nursing.

Hemorrhoids

Hemorrhoids (enlarged veins in the lower rectum and anus) are common due to the pressure on this area during pregnancy and delivery. They may be swollen, tender and protrude through the rectal opening. You may feel persistent pain, itching and/or pressure.

Hemorrhoids are most uncomfortable during the first two to three days after delivery. They usually decrease in size and may gradually disappear. Avoid constipation to help prevent hemorrhoids.

Discomfort caused by hemorrhoids may be relieved by:

- Anesthetic sprays
- Sitz baths
- Medications or ointment, as prescribed by your physician/nurse midwife
- Cool astringent compresses (witch hazel pads)
- Wearing the perineal pad loosely to prevent irritation
- Warm, moist compresses

If hemorrhoids are not relieved by the above steps, contact your physician/nurse midwife.



Cesarean Birth

If you had a Cesarean delivery, your body will experience the changes that occur with childbirth and with major abdominal surgery. Because you were given an anesthetic for your delivery, it is important to try to wiggle your toes and move your legs as soon as you can to help with your circulation. Your nurses will teach you to do deep breathing exercises and how to use an incentive spirometer, if ordered by your physician. Your incision can be supported with a bath blanket or pillow to ease the pain caused by coughing.

Your physician/nurse midwife will order medication to ease your pain or discomfort.

Walking is important to your recovery. **DO NOT** try to get up alone the first few times. Ask for assistance until you feel able to get out of bed and walk alone. Walking is important to your recovery. Each time you get out of bed and move around the room it gets easier! Walking may be painful at first but it reduces the chances of developing a blood clot in your leg and helps with postoperative gas pains. After you are up doing your own care, it is important to remember to rest in bed and try to nap between activities.

You may take a shower when ordered by your physician/nurse midwife. Your incision does not need to be covered during your shower. **DO NOT** scrub vigorously over your incision and dry the area gently after your shower. Always try to keep your incision clean and dry when not showering. After your shower, you may find it more comfortable to place a peri pad over the incision for the first few days to avoid irritation.

If steri-strips are applied to your incision, the strips will usually stay on for about a week and fall off by themselves. If the strips have not come off by one week, gently remove them while in the shower.

If any of the following signs of infection occur, notify your physician/nurse midwife immediately:

- redness around the incision
- area around incision feels hot to the touch
- drainage from the incision
- edges of the incision are separated



Holding Your Baby Following A Cesarean Birth

Since your incision may be quite tender at first, it may be difficult to find a comfortable position during the baby's feeding. You can try the following positions for comfort.

1. Lie on your side with a pillow to your back and the baby in front of you.
2. Raise the head of the bed to a sitting position. Place one pillow under your arm and another pillow in front of your abdomen to provide support for the baby and to support your incision.
3. Sit in an armchair with a pillow across your lap for support and comfort.
4. If you are breastfeeding, you may prefer to sit up and hold your baby in the "football hold" position. This position decreases the pressure of baby's weight on your abdomen. Hold the baby under your right arm while nursing the right breast; under your left arm while nursing the left breast. Try using a pillow under your arm for added support.



Bathing

At home, take a shower or tub bath daily. Wash your breasts first, then finish the rest of your bath. Wash your perineum with soap and warm water. If you have stitches, wash your perineum gently. You may wash your hair as often as you wish.

After bathing, gently dry your breasts, and finish drying the rest of your body. You may spray your stitches with the anesthetic spray and put on a clean pad.

Sitz Bath

A sitz bath means “sitting in warm water.” This helps to relieve the discomfort caused by stitches or hemorrhoids. The two sitz bath methods are the basin sitz and the bathtub sitz

Basin Sitz

1. Fill the plastic sitz basin with comfortable warm water.
2. Raise the seat lid and place the basin in the toilet.
3. Fill the plastic bag with warm water from the faucet (the clamp on the tubing must be closed).
4. Hang the bag on a hook and thread the tubing through the hole in the notch at the bottom of the basin.
5. Sit in the warm water and gradually release the clamp to allow warm water to drain over the basin (the water will overflow into the toilet)

Continue your sitz bath for 20 minutes. Repeat this process several times a day.

Bathtub Sitz

1. Fill a clean bathtub with approximately 3 - 4 inches of warm water.
2. Place a clean towel in the bottom of the tub.
3. Sit upright in the water for 20 minutes.

You may repeat this process several times a day.

Following either of the above methods, pat the perineum dry, use an anesthetic spray and put on a clean pad.



Postpartum Nutrition

The breastfeeding or bottle feeding mother needs to take good care of herself in order to:

- Replace the nutrients used during pregnancy and delivery
- Return to a healthy weight

General guidelines:

- Eat a wide variety of foods of high nutritional quality (avoid a lot of empty calories such as typical junk food — chips, cookies, pop and fast foods)
- Eat from each food group using the Food Guide Pyramid as a general guideline
- Drink plenty of fluids (avoiding a lot of pop and other caffeine-containing beverages)

Avoid:

- Fad diets for weight loss
- Alcohol, tobacco, and drugs
- Excessive fat, salt, caffeine, sugar, and artificial sweeteners

Nutritional needs of postpartum women vary based on a number of factors:

- Age
- Body size (weight before pregnancy, weight gain during pregnancy and breastfeeding status)
- Activity level

The Food Guide Pyramid is a great resource to visualizing an overall healthy meal plan. To get an individualized plan based on your own needs, visit www.mypyramid.gov

- Postpartum teens and young adults up to age 24 should have four servings from the milk group in order to get needed calcium for bone growth.
- Breastfeeding women need three servings from the protein group per day as opposed to non-breastfeeding women in which two servings is adequate.
- A breastfeeding mother's calorie needs will be the greatest during the first six months of her baby's life. Breastfeeding mothers should add 300 to 500 calories per day to their normal caloric intake.
- Postpartum women recovering from cesarean sections need extra Vitamin C and protein to facilitate healing.
- Postpartum women with special needs such as diabetes, hypertension, or a vegetarian, should schedule an appointment with a registered dietitian



Nutrition for Breastfeeding Mothers

If you are breastfeeding, it is especially important for you to eat and drink appropriately in order to produce an adequate amount of breast milk. You should eat approximately 500 more calories each day than you normally would. This increase is necessary to produce the breast milk. You should drink about four quarts of fluids daily. Four to five cups of that liquid should be in the form of milk unless you are advised differently by your physician/nurse midwife. You may, if you wish, drink low-fat milk instead of whole milk. Other liquids can be water, decaffeinated tea, juices, decaffeinated coffee, or decaffeinated soft drinks.

The foods you eat may affect your baby. Some foods have a tendency to make the breast milk taste strong or bitter. Usually your physician will not restrict specific foods, but will recommend that you limit the foods that seem to bother the baby. If your baby seems to be unusually gassy or seems irritable, think about what you ate during the day.

You should not try to diet while you are breastfeeding. If you diet, you will not be consuming the appropriate amount or types of foods necessary to produce the quality and quantity of breast milk your baby needs. Wait until you have weaned the baby to diet.

Daily Food Plan For Breastfeeding Mothers

Food Groups:

Milk

cheese, ice cream, skim milk or buttermilk 4-5 cups

Meat

lean meat, fish, poultry, cheese 2 servings

dried beans or peas 8 ounces

Eggs 1-2

Vegetables

dark green or deep yellow 1-2 servings

Vitamin C

good sources: citrus fruits, berries, cantaloupe 2 good sources

fair sources: tomatoes, cabbage, greens,
potatoes (in skin) 1 fair source

Other Vegetables and Fruits 2 servings

Breads and Cereals

enriched or whole grain 5 servings

Butter or Fortified Margarine as desired or needed for calories

Adjusting to Life after Baby

Postpartum Blues

Several days after the birth of your baby, you may have some feelings of depression, sadness, or irritability. You may start to cry very easily. Usually you aren't sure why you feel this way. This is generally what many people call "postpartum blues" and it usually does not last for more than a few days.

It is normal to feel a sense of "let down" after the birth of your baby. These feelings can be caused by many different factors: pain, tiredness, changes in your hormone levels, and concern over your ability to care for your new baby. One minute you may feel happy and excited, and the next minute you feel sad and depressed. When you experience these feelings it is good to talk to someone about them. Talk to your baby's father or to a close friend or relative. It is important for you to express your feelings. If you feel like crying, go ahead and cry. It is much better for you to express your feelings than to keep them all bottled up inside.

Am I depressed?

The birth of a child is a life-changing event that can take a toll on a mother's emotional, mental, and physical health. Feeling worried or even fearful is normal for new parents, but when it affects the ability to live a normal life, you could be suffering from depression. If you continue to have these feelings of sadness and depression for more than a few days, you should contact your physician/nurse midwife for guidance and help.

What are the different kinds of depression that can occur after giving birth?

The "baby blues":

Shortly after giving birth, many mothers experience mood swings, have problems eating or sleeping, and feel anxious or mildly depressed. These feelings are commonly called the "baby blues." Almost 80 percent of mothers experience the baby blues. This is considered a normal part of early motherhood. The symptoms develop within a few days after delivery and last only a week to 10 days without treatment.

Postpartum depression:

Postpartum depression can develop anytime within the first year after childbirth. Approximately 10 percent of mothers are affected by this condition that makes it difficult to live a normal life or accomplish daily tasks.

You may be suffering from postpartum depression if you experience:

- A lack of pleasure in life
- Eating too much or too little
- Excessive concern or lack of concern for your baby
- Fears of harming the baby
- Feelings of guilt, hopelessness, or helplessness
- Frequent crying or tearfulness
- Little energy or motivation
- Sleeping too much or too little
- Thoughts of self-harm
- Trouble concentrating or making decisions

If you have any of these symptoms, contact your doctor. Without treatment, postpartum depression may worsen or last longer.

Postpartum psychosis:

Postpartum psychosis is an extremely rare condition that usually occurs within six weeks after delivery. Women with bipolar disorder, schizophrenia, or a family history of these conditions are more at risk for developing this condition. Symptoms may include paranoia, hallucinations, sleep disturbances, and obsessive thoughts about the baby. Women with postpartum psychosis need to seek medical treatment immediately to prevent any harm from occurring to themselves or their baby.

Am I at risk for developing postpartum depression?

Any woman can develop postpartum depression, but it's more likely to occur in women who have had a:

- Difficult relationship
- History of depression
- History of severe premenstrual syndrome
- Stressful recent life event occur during pregnancy or after giving birth

How is postpartum depression treated?

Postpartum depression can be successfully treated with counseling and medication. Women who are breastfeeding should discuss the possible side effects of medication with their doctor to determine if it's okay to continue. Seeking treatment helps you recover faster so you can get back on track and enjoy time with your new baby.

Exercise

Kegels Pelvic Floor Exercise

The muscles of the birth canal are also called the pelvic floor muscles. During your labor and childbirth experience, these muscles were greatly stretched. If you had an episiotomy, the incision was made into these muscles.

Kegels exercises will help to increase the circulation to the muscles of the pelvic floor and this will aid in the healing process. Kegels exercises may be a little uncomfortable at first, but they should not be painful.

Kegels exercises may be done when you are standing, sitting or lying down. No one will even know that you are doing them.

1. First, tighten the muscles in your perineum as if you were trying to stop urinating. When you do this you will feel the muscles get more tense. Hold for two to three seconds and relax.
2. Second, try to gradually tighten these muscles again, then gradually relax.

Start out by doing two or three of these at a time and then rest for a few minutes. Slowly increase the number that you are doing until you do about 50 each day. This is good exercise to do for the rest of your life.

Abdominal Exercises

Do not do abdominal exercises without first checking with your physician. When you do begin doing abdominal exercises, begin slowly and increase gradually. Do not overexert yourself. If bright red bleeding or pain occurs, you should stop doing the exercises and notify your physician/nurse midwife.

On the next few pages, several exercises are discussed. If you have any specific questions, contact your physician's/nurse midwife's office.

Remember:

1. It is better to do a few exercises every day than to do lots of exercises infrequently.
2. Exercises should not be done when you are tired. They should be done when you are rested.
3. If you exercise too much, you will be sore and this will discourage you from exercising on a regular basis.
4. It is important to exercise regularly.
5. You should not do exercises that use the knee-chest position unless your physician/nurse midwife has given his/her approval.



Home Care Exercises

After giving birth, you should maintain a regular exercise program to regain your strength, promote healing, and restore your figure. Use the exercises shown here as a guide. Begin with the first exercise, and add a new one every day or so, as you become stronger. Perform each exercise five times, twice a day.

Or, follow these special directions from your nurse, nurse midwife, or doctor:

Note: Don't forget to perform Kegel exercises at least 10 times twice a day, as instructed by your nurse, to tighten your vaginal opening.

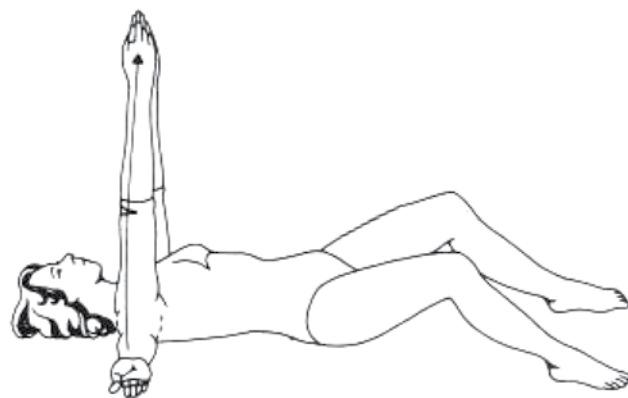
1. First, lie flat on your back, with your knees slightly bent, as shown. Breathe in deeply, so your chest rises. Then, slowly exhale through your teeth and tightly pull in your abdominal muscles. Hold these muscles tight while counting to five; then relax.



2. While lying in the same position, raise your head. As you do, try to keep the rest of your body still. Bring your head as close as possible to your chest; then, slowly return to starting position.



3. For this exercise, lie on your back, with your legs apart and knees slightly bent. Stretch your arms straight out from your shoulders. Then, slowly raise them, until your hands meet directly above your chest. Without bending your elbows, lower your arms to starting position.



4. Next, again lie flat with your legs straight. Raise your head and slightly bend one knee. Using your opposite hand, reach toward this knee, but don't touch it. Return to starting position and repeat with your other leg and hand.



5. Now, bend one knee. Bring your knee toward your chin and your head toward your buttock. Return to start position and repeat with the other leg.



Home Care Exercises *(continued)*

6. Lie flat, with your arms at your sides. Bend one knee towards your chin, and then straighten you leg until it's perpendicular to the floor, as shown. Lower this leg and repeat with your other leg.



7. Now, sit upright with your knees bent and feet flat on the floor. Clasp your hands behind your head and lean back at about a 45° angle to the floor, as shown. Hold this position for several seconds; then, sit upright again.



8. For the next exercise, lie flat, as you did for exercise #6. This time bend both knees toward your chin, and then straighten them, until your legs are perpendicular to the floor. Lower your legs.



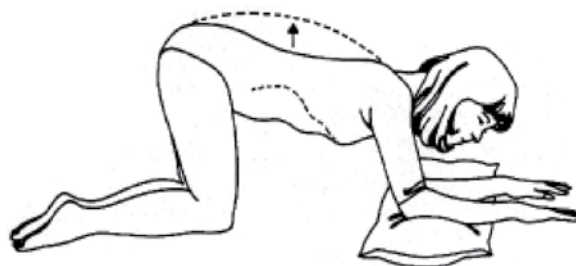
9. Now, lie with your knees bent and your feet flat on the floor, close to your buttocks. Keep your feet apart. Raise your buttocks slightly off the floor. As you raise your buttocks, tighten them and push your lower back down. Hold this position for several seconds; then, return to starting position.



10. Repeat exercise number 9, this time raising your head and tightening your abdominal muscles as you lift your buttocks.



11. Finally, rest on your elbows and knees, as shown here, with your arms and legs perpendicular to your body. Hump your back upward (see arrow), tighten your buttocks, and draw in your abdomen. Then, relax and take a deep breath.



Postpartum Check-up

On the day you are discharged from the hospital, it is important for you to call your physician/nurse midwife's office to schedule your postpartum appointment if not already done for you. This check-up is usually done four to six weeks after you have delivered. However your physician/nurse midwife may want to see you sooner, especially if you have had a Cesarean birth. If this is the case, you will be given that information at the time of your discharge.

Before your visit to the physician/nurse midwife, it is a good idea to write down any questions or concerns you may have. Be sure to discuss your plans for birth control.

When you come for your check-up, several things will be done. If you had an episiotomy or a Cesarean birth, your stitches will be checked. A vaginal exam may also be done to evaluate the size and position of your uterus and you may need another Pap smear at this time.

Menstrual Cycle

Your menstrual period will not return immediately after you have delivered your baby. If you have chosen to breastfeed your baby, you may not have a period until you stop breastfeeding. If you are bottle-feeding, your period will probably start sometime between 5-8 weeks after delivery. Your first period may be heavier than is normal for you, and it may contain some small clots. Your first period may start and stop and then start again, but your second period should be more like what is normal for you.

It is important for you to know that breastfeeding is not an effective method of birth control. Just because you are not having a period while you are breastfeeding does not mean that you are not ovulating. You can become pregnant again even though you have not had a period.

Warning Signs of Illness

The following may be warning signs of illness:

- A fever higher than 100.4°F or chills
- Pain that is not relieved by pain medication, rest, or a sitz bath
- Bright red vaginal bleeding that soaks a maxi-pad in less than 1 hour and continues or you pass a clot the size of your fist
- Foul-smelling discharge
- Breast tenderness that is localized in one spot or the breast is red or warm to the touch
- Pain in one leg that increases with standing or walking and/or is red or warm to the touch
- Burning with urination or the frequent need to urinate
- Redness at the incision site if you had a C-section or tubal ligation

Call your physician/nurse midwife if you experience any of the warning signs listed above

Postpartum Sexual Activity

You should not use a tampon, douche, or have sexual intercourse before the first postpartum visit. However, your physician/nurse midwife will advise you on an individual basis. Before you are discharged from the hospital, ask your physician/nurse midwife when you may resume sexual activity. If you have questions about birth control methods, discuss the methods available with your partner and your physician/nurse midwife so you are able to make the best choice.

No sex for a period of time, before or after the delivery may be a hard adjustment for both you and your partner. Because of reduced hormone levels, fear of pain, loss of sleep, and reduced emotional energy, your sexual desires and responses may be different following the birth of the baby. Like other new parents, you may not be expecting these changes. Adjusting to these changes takes time and patience.

The discomfort of your episiotomy is often a worry when starting sexual intercourse again. If you are afraid and nervous, you are more likely to be tense. This can make intercourse difficult. You can help relieve the tension by doing things that help you relax. This may include listening to music, relaxation breathing, a warm shower, or spend more time with sexual foreplay.

Being tired can also affect your sex life. For this problem, try taking turns caring for the baby at night. Nap when baby naps. Take turns getting extra sleep in the evening or on the weekend.

There may never seem to be a good or right time for sex. Try to pick a time when you are both rested. Unplanned sex may be ideal, but you may have to learn to plan time to be together for sex.

If you are breastfeeding your baby, sexual activity may be affected by your breast changes. Dryness and tenderness in your vagina may be a problem. You may want to keep some KY jelly available to provide lubrication. This is common while nursing and will go away after you stop breastfeeding.

Talk with your partner about your feelings and concerns. This will help him understand your feelings and maintain and strengthen you as a couple.

Glossary

Acrocyanosis

Bluish coloring of the hands and feet in newborns which may last for 24 to 48 hours. This is a normal appearance.

After-birth Pains

Contractions of the uterus after delivery.

Anesthetic

Medication that produces a lack of feeling or numbness to certain parts of the body. It is not permanent.

Areola

Dark circular area around the nipple of the breast.

Bililight

A special light used to treat infants that are jaundiced.

Bilirubin

A substance produced by the breakdown of hemoglobin which causes a yellow/orange coloring in the skin and eyes of the newborn.

Birth Canal

The vagina. The area that the infant passes through during birth.

Bulb Syringe

A small, soft syringe that can be used to clean out the baby's nose and mouth.

Cesarean Section / C-Section

Birth through an incision in the abdominal wall and uterus.

Circumcised / Circumcision

Surgical removal of part of the foreskin of the penis.

Colostrum

The fluid secreted by the breasts for the first one to three days before breast milk is actually produced.

Constipation

Bowel movement that is hard and may produce discomfort.

Cradle Cap

Oily, yellowish crust on the scalp of the infant.

Diarrhea

More than six loose, watery stools in a 24 hour period.

Engorgement

Excessive fullness of the breasts.

Episiotomy

Incision in the perineal muscles to enlarge the birth opening.

Fontanelles

Soft spots between the baby's skull bones.

Football Hold

A particular way of holding the baby. Tuck the infant under your arm and support the head with your hand.

Fundus

The top of the uterus.

Genitals

External sex organs such as the penis and scrotum in males and the labia in females.

Hemorrhoids

Enlarged veins inside or just outside of the rectum that cause discomfort, bleeding or itching.

Incision

A cut or wound.

Jaundice

Yellowness of the skin and/or whites of the eyes.

Labia

Folds of skin on either side of the vagina.

Laceration

A tear in the skin.

Lanugo

Fine hair on the body of the baby.

Let-Down

Breast milk being released just prior to the baby nursing.

Lochia

Discharge from the uterus after the baby is born.

Meconium

Baby's first bowel movement which is usually black and tarry-looking.

Menstruate / Menstrual Period

The periodic discharge of blood from the nonpregnant uterus. Usually occurs once every month.

Milia

Small white spots that look like whiteheads and are usually on the baby's face.

Ovulating

The release of an egg from the ovary.

Peri Care

Cleansing of the perineal area.

Perineum

The area between the vagina and the rectum.

Phototherapy

Treatment for jaundice in the newborn by light rays.

Pneumonia

Inflammation or infection of the lung.

Postpartum

The four to six week period after the baby is born.

Rooting Reflex

An automatic response. When the newborn's cheek is touched, he searches for the nipple.

Scrotum

The skin-covered pouch that contains the male testes.

Sibling

The baby's sister or brother.

Sitz Bath

Covering the hips and buttocks with water for the relief of pain and discomfort.

Steri Strips

Small pieces of tape used to hold an incision together.

Striae

Stretch marks usually found on the abdomen and breasts during and after pregnancy.

Vomiting

Throwing up stomach contents forcibly.

Resources

Touchpoints: Your Child's Emotional and Behavioral Development. Brazelton, T. Berry

Caring for Your Baby and Young Child: Birth to Age 5. The American Academy of Pediatrics, Shelov, Steven, Editor-In-Chief, 1998.

Dr. Spock's Baby and Child Care. Spock, Benjamin and Parker, Stephen

Your Baby and Child: From Birth to Age Five. Leach, Penelope

The Baby Book: Everything You Need to Know About Your Baby from Birth to Age Two. Sears, Martha and Sears, William.

Date Returned: _____

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Driver's License Number: _____ Pump Number: _____

Circle the plan of your choice:

☐ **Plan A**

1 Week Rental
\$25.00

☐ **Plan B**

1 Month Rental
\$50.00

☐ **Plan C**

3 Month Rental
\$135.00

☐ **Plan D**

5 Month Rental
\$225.00

Pump Kit \$45.00 may be added to pump rental

An invoice of purchase will be attached to agreement. Leaser will receive a copy.

- ☐ All rental fees are due in advance.
- ☐ Leaser agrees to rental term of specific number of days or months.
- ☐ There will be no refund or credit if pump is returned early.
- ☐ Pump is due back at end of lease agreement. Date: _____ Location: _____

Renewal Dates: _____

Renewal Dates: _____

Renewal Dates: _____

- ☐ If pump is not returned or lease not renewed, a \$2.50 late fee will be charge for each day the pump is past due.
- ☐ Leaser agrees that renewal or overdue charges may be billed directly to the credit card.
- ☐ General inspection is conducted upon return. A \$10 cleaning fee will apply if unit is returned in an unsatisfactory condition.

I have read the above information and agree to the terms of this lease.

Leaser Signature: _____

Lakeland Associate Witnessing Signature: _____

Pump Rental Plan Amount: _____

Pump Kit Amount: _____

Sales Tax: _____

Total Charged: _____

Comments:

When you are at home, if you have any questions about breastfeeding or parenting, please feel free to call your provider, or the BirthPlace.

Other local resources include:

- BirthPlace - Niles (269) 687-1436
- BirthPlace - St. Joseph (269) 983-8268
- Breastfeeding Boutique (269) 927-5355
- Family Resource Center - Niles (269) 683-6859
- InterCare Community Health Network . . (855) 869-6900

LaLeche League:

- Berrien County (269) 983-5855
- South Bend/Mishawaka (574) 287-0702
- Riverwood Center (269) 925-0585

Lakeland Lactation Consultants:

- Center for Outpatient Services, St. Joseph (269) 927-5355
- Lakeland Hospital, Niles (269) 687-1439
- Lakeland Medical Center, St. Joseph . . . (269) 983-8254

BirthPlace – Niles

(269) 687-1436
31 N. St. Joseph Avenue

BirthPlace – St. Joseph

(269) 983-8268
1234 Napier Avenue



www.lakelandhealth.org/birthplace