

# Keep Your Baby With You – It’s Best for You, Your Baby, and Breastfeeding

In the moment’s right after birth, babies go through an amazing and challenging transition. Inside the womb, they are kept at the perfect temperature and get everything they need through their umbilical cords. After birth, they must keep themselves warm, their lungs must shift to breathing air, and they must learn to suckle, swallow, and digest their mother’s milk. Whether or not all these changes will happen safely and easily depends in large part on the care babies and mothers receive right after birth.



## Skin-to-Skin Contact

*In most cases, our baby gets everything she needs when you hold her skin to skin*

Fortunately every change required for your baby to safely make the transition to the outside world happens quite easily when one basic need is met; the need to be held in your arms, skin to skin contact, with no blankets or clothing between you. The familiar sounds, smells, and tastes, and the perfect warmth of your skin help you baby know he is safe and sound.

Skin to skin, your baby more easily transitions to breathing, stays at just the right temperature, and learns instinctively how to nurse. In fact, scientists have discovered that un-medicated babies who are held skin to skin and undisturbed in the hour after birth need no help at all to start nursing. They scoot and crawl up the mother’s belly, find the nipple by sight and smell, and latch on all on their own!

The more time spent with skin-to-skin contact in the first days after birth, the stronger the benefits. One amazing benefit is a greater mother-baby attachment. Women who hold their babies skin to skin after birth care for their babies with more confidence and recognize and respond to their babies’ needs sooner than mothers who are separated from their babies after birth.

Most babies who are not in their mother’s arms after birth are with staff who are routinely evaluating, weighing and measuring them, or wrapping them in blankets. None of these activities is more important for the new baby than having skin-to-skin contact with her mother. In most cases, routine newborn procedures-such as suctioning baby’s nose and mouth, giving routine medications, or taking baby to the warmer for observation can be delayed, performed while baby is skin to skin, or avoided altogether.

### TALK it over

#### **Taking control of Your Newborn’s Care**

Find out what your hospital’s newborn practices are ahead of time, and tell your care provider and nurse that you plan to keep your baby skin to skin after birth and rooming-in for the rest of your stay. If the hospital policies require many routines in the first hour of birth, consider choosing a different birth setting

# 5 Simple Soothing Steps

**W**hen you become a new parent, you have two priorities (besides-loving your baby like crazy): Feed your little one and soothe her crying. There are lactation consultants, nurse practitioners or other healthcare providers who can help with feeding if you need it. On the other hand, if your infant is inconsolable at 3 A.M., there aren't many resources available to you, so you need to have a few tricks up your sleeve.

For centuries, moms have known that babies calm down when they are held, rocked and shushed, but they didn't know that these actions mimic the uterus. In the womb, babies are snug and warm, and they hear the constant whoosh of blood pulsations (it's louder than a vacuum cleaner in there!). We think they need a quiet room and a still bed, but that actually promotes sensory deprivation for babies, and it often drives them crazy. That's why recreating the conditions of the uterus can soothe your infant. It triggers a phenomenal thing: the calming reflex. This is the "off switch" with which all babies are born, and it's activated by five simple "S" steps. Follow them correctly and you'll become a world class baby calmer.

1. **Swaddling:** Snug wrapping is the cornerstone of calming, the essential first step in baby soothing. Swaddling is like the soft caresses babies feel during pregnancy. They often struggle during the wrapping, but it prevents them from flailing, and as soon as you add the other S's the calming will begin. (Remember to avoid loose blankets around the face as well as overheating, which can cause SIDS).
2. **Side or stomach positioning:** The back is the only safe sleeping position, but it makes crying babies fuss even more because they feel like they're falling. To soothe your upset baby, use the side or stomach position, which switches on the calming reflex, and stay with her until she's quiet. When you are ready to lay her down to sleep, roll her onto her back.
3. **Shushing:** A quiet room may be inviting for a parent at night, but it is too quiet for a baby. When your baby cries, shush as loudly as she's wailing, then gradually lesson your intensity as she settles down. When you are out of breath, play a CD of white noise or soothing sounds (there are lots of versions of these available online).
4. **Swinging:** Infants love rocking, but crying babies need fast, tiny jiggly movements (one inch back and forth, like a shiver) when they're really upset. Swings, slings and rocking chairs help keep them calm. Always support your baby's head and never jiggle too hard or when you're angry or upset.
5. **Sucking:** This activity lulls babies into profound tranquility. Nursing moms should offer the breast for soothing whenever it feels right.

Soothing your infant is like "dancing" with her, but you should let her lead. The vigor of your S's should mirror the intensity of her fusses. And it doesn't have to be just mom's duty: Dads make great baby calmers because they're usually more comfortable doing the snug swaddling, strong shushing and jiggly swinging. When you baby's crying lessons gradually reduce the vigor of the S's and guide your swaddled infant to a "soft landing"

*-Harvey Karp MD*

## Quick Change

To change a diaper:

- Gather diaper, cotton balls or cloths and water and clean clothes.
- Lie baby on her back, keeping a hand on her belly at all times to prevent a fall.
- For boys, cover his penis with a washcloth to prevent spraying.
- Remove the diaper and wipe baby clean from front to back.
- Allow your baby's bottom to air dry.
- Tuck the back of a clean diaper under the baby's back.
- For the boys, be sure to point the penis down.
- Pull the front of the diaper between the baby's legs and fasten at the sides.

## Squeaky Clean

Bathing two or three times a week is plenty. Here's how:

- Don't bathe too soon after feeding or your baby may poop, pee or spit up.
- Until the umbilical cord (attached to the belly button) has fallen off-after a week or two – wipe soiled areas with a warm washcloth.
- For a bath, gather washcloth, towel, cotton balls or cotton swabs, baby shampoo, baby oil, and a plastic rinsing cup.
- Warm the room to at least 75 degrees.
- Fill the bath with a few inches of lukewarm water.
- Ease your baby in feet first, talking softly to calm him.
- Wash his body first, paying close attention to folds under the arms and neck, around the genital area, and behind his ears.
- Dip a cotton swab in baby oil to clean deep folds.
- Wash and rinse you baby's hair last so he doesn't get cold.
- Never leave baby unattended.

## Swaddle Your Little Bundle

Swaddling makes your baby feel warm and secure and prevents your baby from flailing her arms and scratching her face.

Here's how to tuck her in nice and tight:

- Fold down a corner of a square blanket to make a triangle.
- Place you baby on her back with her neck lying across the crease.
- Fold a side corner across your baby's body and tuck it in snugly behind the opposite arm.
- Fold the bottom corner up over the baby's feet and body and tuck the corner into the cross fold.
- Take the second side corner across the baby's body and tuck the extra material behind her back.
- If your baby wants use of her arms, follow the same instructions but swaddle just below the armpits.

## First Manicures

Little nails grow fast and surprisingly sharp. Trim fingernails every three or four days, and cut toenails weekly. Here's how:

- Use clippers or scissors designed for babies.
- Sit your baby on your lap, facing away from you. This gives you more control and better view.
- Sin a song to calm and distract your baby.
- Grip you baby's hand gently but firmly, uncurling the finger you want to work on.
- Press the skin under the fingernail gently to make the nail stick out.
- Clip only the white part of the nail, keeping the sharp edge away from her skin
- It's better to trim the tops of the nails more frequently than to cut deeply and risk cutting skin.
- If your baby's too squirmy, file the sharp edges with a baby emery board or try when she's sleeping.
- If you snip the skin by mistake, wash the area with water and press gently with a clean cloth until the bleeding stops.

## Best Ways to Burp

Burp your baby when you switch breasts and after the second breast. If you're bottle feeding burp after 2 or 3 ounces, or when your baby gets "squirmy" or uncomfortable. Here are three techniques to try:

- Over the shoulder: Lean your baby upright on your chest, with his chin and hand's on your shoulder. Gently pat his back with your hand.
- Sitting on your knee: Sit your baby sideways on your knee, with his chest leaning on the palm of one outspread hand. Gently pat his back with your other hand.
- Lying on your lap: Lay your baby stomach down on your lap with his head higher than his chest. Gently pat his back.

## When to Holler for Help

If anything worries you about your baby, call your doctor or advice nurse. Definitely make a call if you notice:

- Fever
- Marked changes in eating
- Very watery stools
- Excessive sleepiness
- Excessive irritability
- A red and swollen or painful rash
- Redness or swelling at the base of the umbilical cord.

## Circumcision

Circumcision is a surgical procedure in which the skin covering the end of the penis is removed. Scientific studies show a number of medical benefits of circumcision. Parents may also want their sons circumcised for religious, social, or cultural reasons. Because circumcision is not essential to a child's health, parents should choose what is best for their child by looking at the benefits and risks. The following are answers to common questions about circumcision.

### What Is Circumcision?

At birth, boys have skin that covers the end of the penis, called the foreskin. Circumcision surgically removes the foreskin, exposing the tip of the penis. Circumcision is usually performed by a doctor in the first few days of life. An infant must be stable and healthy to safely be circumcised.

Because circumcision may be more risky if done later in life, parents should decide before or soon after their son is born if they want it done.

### Is Circumcision Painful?

Yes. However, there are pain medicines that are safe and effective. The American Academy of Pediatrics recommends that they be used to reduce pain from circumcision. The dose of acetaminophen (Tylenol) is

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### What Should I Expect For My Son After Circumcision?

After the circumcision, the tip of the penis may seem raw or yellowish. If there is a gauze bandage, it should be changed with each diapering to reduce the risk of infection. Use petroleum jelly to keep the bandage from sticking. The penis should be fully healed in about 1 week to 10 days after circumcision.

### Are There Any Problems That Can Happen After Circumcision?

**Problems after a circumcision are very rare. However, call your pediatrician right away if**

- Your baby does not urinate normally within 6 to 8 hours after the circumcision.
- Bleeding doesn't stop.
- The redness around the tip of the penis gets worse after 3 to 5 days.
- Yellow discharge lasts longer than a week. It is normal to have a little yellow discharge or coating around the head of the penis in the first week.

## Reasons Parents May Choose Circumcision

There are a variety of reasons why parents choose circumcision.

### Medical benefits, including:

- A markedly lower risk of acquiring HIV, the virus that causes AIDS.
- A significantly lower risk of acquiring a number of other sexually transmitted infections (STIs), including genital herpes (HSV), human papilloma virus (HPV), and syphilis.
- A slightly lower risk of urinary tract infections (UTIs). A circumcised infant boy has about a 1 in 1,000 chance of developing a UTI in the first year of life; an uncircumcised infant boy has about a 1 in 100 chance of developing a UTI in the first year of life.
- A lower risk of getting cancer of the penis. However, this type of cancer is very rare in all males.
- Prevention of foreskin infections.
- Prevention of phimosis, a condition in uncircumcised males that makes foreskin retraction impossible.
- Easier genital hygiene.

### Social reasons:

- Many parents choose to have it done because "all the other men in the family" had it done or because they do not want their sons to feel "different."

### Religious or cultural reasons:

- Circumcision is practiced by some for religious and cultural reasons.

## Reasons Parents May Choose Not to Circumcise

The following are reasons why parents may choose NOT to have their son circumcised:

- Fear of the risks. Complications are rare and usually minor but may include bleeding, infection, cutting the foreskin too short or too long, and improper healing.
- Belief that the foreskin is needed. Some people feel the foreskin is needed to protect the tip of the penis. Without it, the tip of the penis may become irritated and cause the opening of the penis to become too small. This can cause urination problems that may need to be surgically corrected.
- Belief it can affect sex. Some feel that circumcision makes the tip of the penis less sensitive, causing a decrease in sexual pleasure later in life.
- Belief that proper hygiene can lower health risks. Boys can be taught proper hygiene that can lower their chances of getting infections, cancer of the penis, and STIs.

## What If I Choose Not to Have My Son Circumcised?

If you choose not to have your son circumcised, talk with your pediatrician about how to keep your son's penis clean. Keep in mind that the foreskin will not fully retract for several years and should never be forced. When your son is old enough, he can learn how to keep his penis clean just as he will learn to keep other parts of his body clean.

Source: [healthychildren.org](http://healthychildren.org)

# Why Choose Cloth Diapering?



**Have you ever considered using cloth diapers and wondered what it's all about?**



## CLOTH DIAPERS SAVE YOU MONEY

Cost of cloth: approximately \$300-1500/baby  
Cost of disposables: over \$2500/baby

And with proper use and laundering, many cloth diaper systems can be used for more than one baby. Think of the money you can save!

*"Cloth diapers are less expensive than disposables, especially if you do the laundering yourself."*

Consumer Reports.org. "Cloth Diapers." April 2007



## CLOTH DIAPERS ARE COMFORTABLE

We tend to change our babies more often when they wear cloth diapers. This is healthy and good for their skin.

The wonderful fabrics used in today's cloth diapers are extremely soft and absorb without the use of chemicals. Natural fabrics offer a high level of comfort and breathability. Synthetic fabrics have stay-dry or super-absorbent properties.

**Cloth Diapering is a powerful choice that helps you control and better the environment in which your child grows and develops. Promote your baby's optimum health and help keep the earth a beautiful place. Incorporate cloth diapering into your routine and make a difference for future generations.**



## CLOTH DIAPERS ARE EASY

Nothing like they were in the past – modern cloth diaper systems are pinless, easy-to-use and easy to wash. Soft, colorful and comfortable fabrics (both natural and synthetic) have replaced those yucky old plastic pants. An extra load of wash every 2-3 days is all it really takes.

Or - consider using a diaper service! No laundering required – soft, clean cloth diapers are delivered directly to your home.

## Easy Diaper Care

Washing cloth diapers is much easier than you think! Using a diaper service is convenient, but laundering at home is easy and economical too. Clean up is a breeze with flushable or washable liners and diaper sprayers that fit easily onto your toilet for rinsing. Simply store your soiled diapers in a pail or wet bag and when ready to wash, toss them into your machine. Some fabrics may require a little special care, but for the most part, it's that easy!

For more detailed instructions and some good advice about how to make your washing routine even more economical and environmentally friendly, please visit: <http://www.realdiaperindustry.org/guide-to-washing-cloth-diapers>



## CLOTH DIAPERS ARE EARTH FRIENDLY

We throw away about 49 million diapers per day (18 billion diapers per year) in the US alone.<sup>1</sup> It is estimated that in ideal conditions, a disposable diaper would take hundreds of years to decompose. Most landfills do not have ideal conditions for biodegrading, and even biodegradable disposable diapers will not break down in those conditions.

By using cloth diapers you can lower your baby's carbon footprint. Using organic cotton and laundering properly can further reduce the carbon footprint of your cloth diapers.



<b>SERVICE LAUNDERED</b>	<b>HOME LAUNDERED</b>	<b>DISPOSABLE DIAPERS</b>
5,249 sq. feet	7,548 sq. feet	14,108 sq. feet

Each baby in cloth diapers helps divert garbage from our landfill systems. In 2007 alone, an estimated 3.7 million tons of disposable diapers ended up in the U.S. municipal waste stream.<sup>2</sup> Incorporating even a few cloth diapers into your routine can have an important impact on the health of the planet your baby will inherit from you.

<sup>1</sup> Clean Air Council. Waste Facts and Figures 2006. <http://www.cleair.org/Waste/WasteFacts.html>

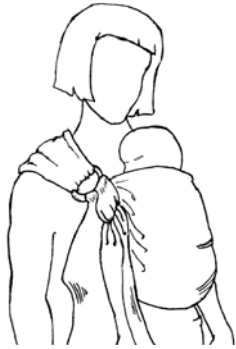
<sup>2</sup> Women's Environmental Network. Nappies and the Environment. March 2004. <http://www.wen.org.uk/nappies/resources.htm>

<sup>3</sup> U.S. Environmental Protection Agency. Municipal Solid Waste in The United States: 2007 Facts and Figures. EPA530-R-08-010. November 2008. <http://www.epa.gov/osw/nomiaz/municipal/pubs/mw07-rpt.pdf>

# The T.I.C.K.S. Rule for Safe Babywearing

Keep your baby close and keep your baby safe.

When you're wearing a sling or carrier, don't forget the T.I.C.K.S.



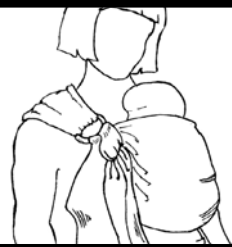
- ✓ **TIGHT**
- ✓ **IN VIEW AT ALL TIMES**
- ✓ **CLOSE ENOUGH TO KISS**
- ✓ **KEEP CHIN OFF THE CHEST**
- ✓ **SUPPORTED BACK**



**TIGHT** – Slings and carriers should be tight enough to hug your baby close to you as this will be most comfortable for you both. Any slack/loose fabric will allow your baby to slump down in the carrier which can hinder their breathing and pull on your back.



**IN VIEW AT ALL TIMES** – You should always be able to see your baby's face by simply glancing down. The fabric of a sling or carrier should not close around them so you have to open it to check on them. In a cradle position your baby should face upwards not be turned in towards your body



**CLOSE ENOUGH TO KISS** – Your baby's head should be as close to your chin as is comfortable. By tipping your head forward you should be able to kiss your baby on the head or forehead.



**KEEP CHIN OFF THE CHEST** – A baby should never be curled so their chin is forced onto their chest as this can restrict their breathing. Ensure there is always a space of at least a finger width under your baby's chin.



**SUPPORTED BACK** – In an upright carry a baby should be held comfortably close to the wearer so their back is supported in its natural position and their tummy and chest are against you. If a sling is too loose they can slump which can partially close their airway. **(This can be tested by placing a hand on your baby's back and pressing gently-they should not uncurl or move closer to you.)** A baby in a cradle carry in a pouch or ring sling should be positioned carefully with their bottom in the deepest part so the sling does not fold them in half pressing their chin to their chest.



## Getting Prepared for Childcare

### Beginning the Search:

- Department of Human Services
- Social Media
- Parent Aware
- Friends and Family

### Keep in Mind:

- Do an in-person interview.
- Ask for references.
- Read all policies, handbooks, calendars, and contracts.
- Know in writing how much payments are and when they are due.
- Providers have state laws and rules to follow. This includes safe sleep, transportation, behavior guidance, and much more.
- Keep lines of communication open.
  - Behavior issues, toilet training, and scheduling
- Centers and Family Childcare providers have different qualities. Make sure you find the best fit for your child and family.
  - Hours, vacation, snow days, sick time, and group size.

### Just a few helpful tips:

- Have back up care for times when child care is closed or your child is ill.
- Pick up and drop off on time.
- Be respectful of the rules and policies that your provider has.
- Make sure you have supplies all required items. Examples-formula, diapers, and wipes

# CHOKING/CPR

LEARN AND PRACTICE CPR  
IF ALONE WITH A CHILD WHO IS CHOKING...

1. SHOUT FOR HELP. 2. START RESCUE EFFORTS FOR 1 MINUTE. 3. CALL 911 OR AN EMERGENCY NUMBER.

YOU SHOULD START FIRST AID FOR CHOKING IF...

- The child cannot breathe at all (the chest is not moving up and down).
- The child cannot cough, talk, or make a normal voice sound.
- The child is found unconscious. (Go to CPR.)

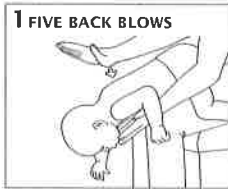
DO NOT START FIRST AID FOR CHOKING IF...

- The child can breathe, cry, talk, or make a normal voice sound.
- The child can cough, sputter, or move air at all. The child's normal reflexes are working to clear the airway.

## FOR INFANTS LESS THAN 1 YEAR OF AGE

### INFANT CHOKING

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following. Depending on the infant's condition, call 911 or the pediatrician for further advice.



ALTERNATING



Alternate back blows and chest thrusts until the object is dislodged or the infant becomes unconscious. If the infant becomes unconscious, begin CPR. (Health care professionals only: assess pulse before starting CPR.)

### INFANT CPR (Cardiopulmonary Resuscitation)

To be used when the infant is unconscious or when breathing stops.

#### 1 OPEN AIRWAY

- Look for movement of the chest and abdomen.
- Listen for sounds of breathing.
- Feel for breath on your cheek.
- Open airway as shown.
- Look for a foreign object in the mouth. If you can see an object in the infant's mouth, sweep it out carefully with your finger. Do not try a finger sweep if the object is in the infant's throat, because it could be pushed further into the throat.



#### 2 RESCUE BREATHING

- Position head and chin with both hands as shown — head gently tilted back, chin lifted.
- Seal your mouth over the infant's mouth and nose.
- Blow gently, enough air to make chest rise and fall 2 times.



If no rise or fall, repeat 1 & 2. If no response, treat for blocked airway. (See "INFANT CHOKING" steps 1 & 2 at left.)

#### 3 ASSESS RESPONSE

- Place your ear next to the infant's mouth and look, listen, and feel for normal breathing or coughing.
  - Look for body movement.
- If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.



#### 4 CHEST COMPRESSIONS

- Place 2 fingers of one hand over the lower half of the chest. Avoid the bottom tip of the breastbone.
- Compress chest 1/2" to 1" deep.
- Alternate 5 compressions with 1 breath.
- Compress chest 100 times per minute.



Check for signs of normal breathing, coughing, or movement every minute.

## FOR CHILDREN 1 TO 8 YEARS OF AGE\*

### CHILD CHOKING

Begin the following if the child is choking and is unable to breathe. However, if the child is coughing, crying, speaking, or able to breathe at all, DO NOT do any of the following, but call the pediatrician for further advice.

#### CONSCIOUS

**FIVE QUICK INWARD AND UPWARD THRUSTS** just above the navel and well below the bottom tip of the breastbone and rib cage (modified Heimlich maneuver).



If the child becomes unconscious, begin CPR.

### CHILD CPR (Cardiopulmonary Resuscitation)

To be used when the child is UNCONSCIOUS or when breathing stops.

#### 1 OPEN AIRWAY

- Look for movement of the chest and abdomen.
- Listen for sounds of breathing.
- Feel for breath on your cheek.
- Open airway as shown.
- Look for a foreign object in the mouth. If you can see an object in the child's mouth, sweep it out carefully with finger. Do not try a finger sweep if the object is in the child's throat because it could be pushed further into the throat.



#### 2 RESCUE BREATHING

- Position head and chin with both hands as shown.
- Seal your mouth over child's mouth.
- Pinch child's nose.
- Blow enough air to make child's chest rise and fall 2 times.



If no rise or fall, repeat 1 & 2. If still no rise or fall, continue with step 3 (below).

#### 2A HEALTH CARE PROFESSIONALS ONLY:

- Use abdominal thrusts to try to remove an airway obstruction.
- Continue steps 1, 2, and 2A until the object is retrieved or rescue breaths are effective.
- Assess pulse before starting CPR.

#### 3 ASSESS RESPONSE

- Place your ear next to the child's mouth and look, listen, and feel for normal breathing or coughing.
  - Look for body movement.
- If you cannot see, hear, or feel signs of normal breathing, coughing, or movement, start chest compressions.



#### 4 CHEST COMPRESSIONS

- Compress chest 1" to 1 1/2".
  - Alternate 5 compressions with 1 breath.
  - Compress chest 100 times per minute.
- Press with the heel of 1 hand on the lower half of the chest. Lift fingers to avoid ribs. Do not press near the bottom tip of the breastbone.



Be sure someone calls 911 as soon as possible, and by 1 minute after starting rescue efforts.

\*For children 8 and older, adult recommendations for choking/CPR apply.

The information contained in this publication should not be used as a substitute for the medical advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on the individual facts and circumstances.

If at any time an object is coughed up or the infant/child starts to breathe, call 911 or the pediatrician for further advice.

Ask the pediatrician for information on Choking/CPR instructions for children older than 8 years of age and on an approved first aid course or CPR course in your community.