

Bringing Home Baby

Postpartum and Newborn Care

Avera 

[Avera.org](https://www.avera.org)



Congratulations


on your new bundle of joy!

When you bring your baby home from the hospital, **we want you to feel ready.**

In this booklet, we help answer your questions about taking care of your baby through the first 6 weeks. After that, your care team has helpful resources for the next stage of your baby's growth.

We want to make sure you have the tools and information needed to feel well supported as you embark on this beautiful journey of parenthood.

From bathing to breastfeeding, Avera's experts are here to help.

A photograph of a man and a woman smiling and holding a newborn baby. The man is on the left, wearing a blue button-down shirt, and the woman is on the right, wearing a white lace-trimmed top. They are both looking down at the baby, who is being held in the woman's arms. The background is a bright, out-of-focus room.

The information in this book are recommendations only and not meant to replace your health care provider's orders. Please call your health care provider if you have any questions.

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Postpartum Care

As you recover from childbirth, it's important to also take care of yourself. The postpartum period — 12 weeks following labor and delivery — is an important time for your health.

If you gave birth within the last year, it's important to talk to your health care provider about anything that doesn't feel right. It may be physical, but it could also include feelings of sadness, anxiety, and tiredness that make it hard to complete daily care activities for yourself, your baby or others. You know your body best. If you experience something that seems unusual or is worrying you, don't ignore it. Talk to your health care provider.



Postpartum Recovery

Your uterus will contract and shrink after delivery and should feel round and firm.

By 2 weeks after giving birth, you probably won't be able to feel it anymore. You may experience some cramping and this will eventually go away. Women who are breastfeeding may notice increased cramping with each baby.

To help with cramping, try a heating pad and/or oral pain medication (such as Advil® or Tylenol®) for relief.

Vaginal Delivery Care

During labor, your **perineum** (the area between your vagina and rectum) may stretch and tear, which can be painful.

To relieve pain or discomfort:

- Apply ice packs. Using ice packs in the first 24 hours after birth decreases the swelling and can help with the pain.
- Taking a warm bath can help relieve the pain or discomfort.
- Take medication (e.g., Advil® or Tylenol®) to help relieve pain.

Episiotomy Care and Stitches

If your doctor made a small cut to widen your vagina during delivery (**episiotomy**) to help get your baby out, you probably received stitches to help close the surgical cut or repair torn skin. Within a few weeks, your stitches will disappear.

It's important to keep the stitches clean to help reduce your risk of infection and help with your recovery. If you are experiencing any discomfort, you can sit in a tub with a few inches of warm water up to your hips, also known as a sitz bath. Pat the area dry. This also helps relieve itching as it heals. If needed, you can apply a pain-relieving spray (e.g., Dermoplast®).

Vaginal Discharge

It is common to have bleeding and discharge for several weeks after delivery. Use sanitary pads and remember to always wash your hands before and after changing your pads.

- Keep your pad clean and dry. Change when your pad feels moderately wet or damp.
- Gently wipe from front to back after going to the bathroom. It is important to always wipe from front to back to prevent infection.
- Do not insert anything into your vagina for at least 6 weeks.
 - This means: No tampons, **douching** or sex.

Vaginal Flow

- Will last 2 to 6 weeks
- Changes from bright red to pinkish brown to almost whitish in color
- May be heavier when first at home due to increased activity
- If bleeding seems excessive (more than one pad per hour for 2 hours in a row or passing a clot greater than the size of a plum), check with your doctor.
- Foul odor, fever or increased pelvic pain could indicate an infection — contact your doctor. Odor is usually described as fleshy, musty or earthy.



Cesarean Section (C-Section) Care

A cesarean section (C-section) is when your doctor will make an incision in your stomach to help deliver your baby.

Full recovery after a C-section can take some time. It's important to take care of yourself to make sure your recovery goes well and to minimize any risks of infection.

Over time, the scar from your C-section will become thinner and flatter which will make it less noticeable.

Here are some guidelines to follow at home during the first few weeks after leaving the hospital:

If you experience any pain, it should go away after 2 to 3 days, but your incision may still be sensitive for 3 to 6 weeks.

- Only take showers as needed for the first 2 weeks.
 - After showering, gently pat your incision with a clean towel to dry.
- It is important to keep your incision cut area clean and dry.
 - DO NOT soak in a bathtub or hot tub, or go swimming, until your provider tells you it is OK.
- Steri-strips usually fall off within 7 to 10 days. If they are still there after 10 days, you can remove them.
- Wear cotton underwear. Cotton underwear is the best to allow good air flow to your incision.
- Don't lift anything heavier than 10 pounds or the weight of your baby.
- Listen to your body. If something hurts your incision, don't do it.
- Don't drive a car for at least the first couple of weeks or while taking prescribed narcotic pain medications.

Hemorrhoids

Hemorrhoids are enlarged blood vessels from the rectum and anus that become filled with blood. They can itch and hurt. They usually improve and will go away on their own. This can take anywhere from a few days to several weeks depending on their size, location and severity.

For comfort:

- Apply an ice pack to your rectum (butt area).
- Use over-the-counter hemorrhoid cooling pads with witch hazel (e.g., Tucks®).
- Apply topical anesthetic medicines such as a cream, ointment, or astringent wipes that have witch hazel or hydrocortisone and lidocaine, which can temporarily relieve pain and itching.
- Increase your water intake.
- Take stool softeners if recommended by your health care provider.

Bowel Function

After delivery, your body will go through a number of changes, all of which impact your postpartum poop (bowel movements). Regular bowel function usually resumes within 3 days. If it's been more than 4 days since you left the hospital and you still haven't had your first poop, call your health care provider for further advice and treatment.

Tips

- Make sure to drink enough liquids (8 to 10 glasses per day)
- Eat more fiber such as fresh fruits and vegetables, bran, whole-wheat breads, prunes or prune juice.
- A stool softener may be used. Talk to your health care provider or a pharmacist for recommendations.
- Perform light physical activity such as walking.



Know the Warning Signs After Giving Birth

Most women who give birth recover without any problems. Some women develop complications. Postpartum mothers must be on the lookout and take action when warning signs develop after leaving the hospital.

CALL 911 FOR:

When calling, remember to mention that you recently gave birth.



Chest pain



Trouble breathing



Seizures



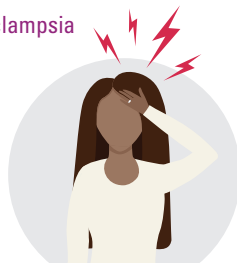
Thoughts of harming yourself or others

CALL YOUR HEALTH CARE PROVIDER FOR:

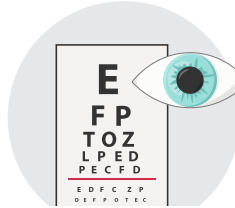
Signs of postpartum preeclampsia



Swelling in hands and face or sudden weight gain



Headache that does not improve with medication



Seeing spots or other vision changes



Upper right-sided stomach pain



Severe nausea/vomiting

Signs of postpartum hemorrhage



Bleeding that is soaking through one pad/hour, or blood clots the size of an egg or larger



Feeling light-headed



Racing heart

Signs of other postpartum complications



Red or swollen leg that is painful or feels warm



An incision that is not healing



Sore breast(s) that are warm to the touch



Temperature of 100.4°F or higher

Family Planning

Ovulation and **menstruation** will usually start up again around 2 to 6 weeks after delivery for non-breastfeeding women. It may occur soon after that for breastfeeding women as well.

Breastfeeding is not a means of preventing pregnancy. Talk to your health care provider for family planning.

Starting Sex

- Healing takes about 6 weeks, so it's best to wait that long before starting intercourse. It is normal to not be interested in sex for several weeks because of being tired, the stress of caring for a new baby and fear of pain from stitches.
- Be patient and gentle, as sex may be uncomfortable at first.
 - Water-soluble lubricating jellies can be very helpful. This is especially true for breastfeeding women who may not produce as much vaginal lubrication.

Feeling Healthy

Nutrition

A well balanced diet will help your body replenish nutrients used during pregnancy and give you the energy you need to care for yourself and your family.

MyPlate.gov recommends fruits, vegetables, whole grains, protein foods, and fat-free or low-fat dairy products as healthy choices. Include a variety of protein foods such as seafood, lean meats, poultry, beans, peas, lentils, nuts and eggs.

- Limit or avoid foods and drinks higher in added sugars, saturated fat and sodium.

Nutrition and Breastfeeding

If you are breastfeeding, you will generally need more calories. The Centers for Disease Control and Prevention (CDC) recommends breastfeeding mothers eat an additional 450 to 500 kilocalories (kcal) of food calories per day. Ask your health care provider what they recommend as a vitamin and mineral supplement to help make sure you get enough to meet your needs.

Along with balanced meals, you should drink more fluids if you are breastfeeding. You may find that you become very thirsty while breastfeeding your baby. Water and milk are good choices.

- Try keeping a pitcher of water and even some healthy snacks beside your bed or breastfeeding chair.

Talk with your health care provider or a registered dietitian if you want to learn more about postpartum nutrition. You can also check out Avera.org/lactation to find an Avera certified lactation consultant who can also help with advice about nutrition while breastfeeding.

Exercise and Weight Loss

Weight Loss – Stay Off the Scale

For the first month, think about regaining energy and feeling good, not about losing weight. Sometimes losing weight too fast can make you feel more tired. You may lose some weight without even trying, especially if you're breastfeeding. Once your energy level is back to normal, you can begin to lose weight.

Weight loss is most successful if done slowly. Keep your weight loss to about 2 to 4 pounds per month after the first month. It may take 6 to 12 months to lose the weight gained during pregnancy.

Exercise

Exercise promotes the return of good muscle tone after delivery. Walking can be started right away. Wait until your first postpartum appointment with your health care provider to do more intense physical activities, such as running or aerobics. Take your baby for a short walk, or even spend 10 minutes stretching.

- Drink enough fluids so that you are not thirsty. Limit the amount of caffeine and alcohol that you drink.
- Do not smoke. If you need help quitting, talk to your health care provider.
- Make sure to get plenty of rest.



Breast Changes After Delivery

After giving birth, your breasts will produce breastmilk. You may notice your breasts feel very large, tight and tender.

Choosing a Good Bra

Wearing the right-sized bra can make a big difference. If your bra is too tight, it may cause your breast to clog (clogged milk duct) and become irritated. Wearing a bra that's 100% cotton with wide straps that won't dig into your back and shoulders may be more comfortable. If you're breastfeeding, find a nursing bra that allows you to uncover one breast at a time.

Donating Breastmilk

Women can donate their breastmilk to an Avera Milk Collection Depot to help other new moms provide their newborns with the best nutrition. Talk to your health care provider for more details.

Breast Care for Breastfeeding Women

Breastfeeding can help lower a women's risk of: high blood pressure, type 2 diabetes, ovarian and breast cancer¹.

Your breasts will go through changes when you begin nursing your baby, and your body begins producing more breastmilk. This can cause swelling in the tissue of your breasts, called **primary engorgement**.

During this time, it is not due to excess milk in the breast. This is normal but can be uncomfortable.

Here are some helpful tips to keep you comfortable:

- Use warm or cold packs
- Take warm showers
- Breastfeed your baby every 2 to 3 hours
- Take pain medications recommended by your health care provider.

For nipple pain/tenderness:

- After breastfeeding, let the milk dry on your nipples. This dried milk can protect the skin.
- Do not use alcohol, soap or scented cleansers on your breasts. These can cause the nipples to dry and crack.
- Do not wear nursing pads that are lined with plastic. They hold in moisture and can cause chapping.

Engorgement

Breasts will become full 2 to 5 days after delivery. Part of the full sensation is due to an increase of blood and lymph circulation to the breast.

Prevent engorgement by breastfeeding often.

- It can be very uncomfortable but will improve in 24 to 48 hours.
- Apply ice packs to breasts and under arms.
- Take a warm shower or bath before breastfeeding to help release breastmilk.
- If breasts are so swollen that baby can't latch on, soften breasts before breastfeeding by expressing (pumping) some milk or by applying a warm pack.

Clogged Milk Ducts

If the milk duct in your breast is not drained well, it can become 'clogged' (or blocked) which will prevent your breastmilk from flowing. Clogged milk ducts are most common in women who are breastfeeding, have recently given birth and choose not to breastfeed, or have recently stopped breastfeeding. Clogged milk ducts can also be caused by wearing a bra that is too tight. Most clogged ducts will go away after 1 to 2 days.

Breastfeeding your baby or pumping your breastmilk consistently is the fastest way to resolve and prevent clogged ducts. It is important to empty the breast with the clogged duct completely during each breastfeeding session. When you squeeze your breast, it should feel lighter and produce little or no milk.

Mastitis

- Mastitis is a breast infection. You may feel like you have the flu and generalized aching.
- If breasts are tender or have sore spots or bumps, massage each breast, apply warm moist towels and breastfeed often. This will ensure you are emptying breastmilk frequently.
- Call your health care provider if your breast develops red streaks or you have a fever (100.4 or higher). Your provider may prescribe you antibiotic medications.

Bottle Feeding Breastmilk

If you decide to express your breastmilk (pump and bottle), here are some tips:

- Wear a supportive bra all day
- Avoid over stimulating your breasts by establishing a pumping schedule that works best for you, such as pumping every 3 to 4 hours

Breast Care for Formula Feeding Women

After giving birth, your breasts will continue to produce milk even if you decide to feed formula to your child.

If you are not breastfeeding, here are tips to avoid discomfort:

- Avoid stimulation of nipples
- Wear a tight-fitting bra
- Apply cold compresses or ice packs

For comfort with engorgement:

- Apply ice packs under your arms and above your nipple for 4 times a day for 20 minutes each time.

Caring for Yourself

Postpartum Depression

Postpartum depression is a mood disorder that can affect women after childbirth. Mothers with postpartum depression experience feelings of extreme sadness, anxiety, and exhaustion that may make it difficult to complete daily care activities for themselves or for others.

Some of the more common symptoms include:

- Feeling sad, hopeless, empty or overwhelmed
- Crying more often than usual or for no apparent reason
- Worrying or feeling overly anxious
- Feeling moody, irritable or restless
- Oversleeping, or being unable to sleep even when baby is asleep
- Having trouble concentrating, remembering details and making decisions
- Experiencing anger or rage
- Losing interest in activities that are usually enjoyable
- Suffering from physical aches and pains, including frequent headaches, stomach problems and muscle pain
- Eating too little or too much
- Withdrawing from or avoiding friends and family
- Having trouble bonding or forming an emotional attachment with baby
- Persistently doubting the ability to care for baby
- Thinking about harming herself or her baby

How to help postpartum depression:

There are effective treatments for postpartum depression. A woman's health care provider can help choose the best treatment, which may include:

- **Counseling/talk therapy:** This treatment involves talking one-on-one with a mental health professional (counselor, therapist, psychologist, psychiatrist or social worker). Two types of counseling shown to be particularly effective in treating postpartum depression are:
 - Cognitive behavioral therapy (CBT), which helps people recognize and change their negative thoughts and behaviors
 - Interpersonal therapy (IPT), which helps people understand and work through problematic personal relationships
- **Medication:** Antidepressant medications act on the brain chemicals that are involved in mood regulation. Many antidepressants take a few weeks to be most effective. While these medications are generally considered safe to use during breastfeeding, a woman should talk to her health care provider about the risks and benefits to both herself and her baby.

These treatment methods can be used alone or together.

Baby Blues

Baby blues are caused by mild depression soon after babies are born and attributed to hormonal changes, interrupted sleep and the personal challenges of childbirth. Baby blues usually happens within the first two weeks of delivery.

Signs of baby blues:

- Weepiness or crying for no apparent reason
- Impatience
- Irritability
- Restlessness
- Anxiety
- Fatigue
- Insomnia (even when the baby is sleeping)
- Sadness
- Mood changes
- Poor concentration

What to do:

- Talk with someone you trust about how you are feeling.
- Keep a well-balanced diet. Having a new baby may cause you to eat unhealthy foods. Too many simple carbohydrates can make mood swings more pronounced.
- Keep a journal of all your thoughts and feelings.
- Get outside to enjoy fresh air and life outside the world of diapers, feedings and spit up. Sometimes just a different view for a few moments can make a huge difference.
- Ask for help with meals, other children, getting into a routine, or anything that allows you to focus on the joy of having a new baby and not just the pressure of juggling it all.
- Don't expect perfection in the first few weeks. Give yourself time to heal from birth, to adjust to your new baby, and for feeding and sleeping routines to settle in.





Newborn Care

Signs and Concerns – When to Call Your Health Care Provider

Even healthy babies get sick. Understanding the signs and symptoms of illness is important, so you know when to call a health care provider or 911. Make sure you have your baby's provider information saved somewhere that you can quickly and easily find.

Helpful Tips

- Save the information in your phone.
- Write the contact information on a piece of paper and have it somewhere that is visible and easy to find.
- Put a magnet on your fridge that has your baby's health care provider information.

Poison Control (1-800-222-1222)

Call Poison Control at 1-800-222-1222 for any toxic or poisonous substance that your baby has swallowed or inhaled, or may have come into contact with baby's eyes or skin. Consider saving their number on your phone.

For babies younger than 3 months, call your provider right away if:

- Fever/temperature of 100.4°F (38°C) or greater
- Skin with a new yellow color or skin that keeps getting more yellow (this could mean worsening of jaundice, a condition in which high blood bilirubin levels cause yellowish skin).
- Problems breathing (breathing seems hard and fast)
- No wet diaper for 8 hours
- Vomit that has a dark greenish color or blood
- Repeated vomiting (not spitting up) or projectile vomiting
- Constant crying for no reason and/or has a high-pitched cry for more than 1 hour
- Cries when moved or seems to be in pain
- Becomes unusually quiet or inactive
- Refusing to eat 2 times in a row
- Diarrhea (baby's poop is watery)
- Circumcision has not healed (for boys) in 10 to 14 days
- Baby was shaken or injured
- A rash that looks like bleeding under the skin, or purple/red freckles
- The umbilical cord stump doesn't fall off by 4 weeks after the birth

In general,
trust your
parenting instinct.
When in doubt,
call your
baby's provider.

Call 911

- Baby is limp, not responsive, difficult to wake up or poor color
- Baby having a seizure (period of uncontrolled shaking due to disturbance in the brain)
- Baby's lips or tongue are turning blue
 - This condition is known as cyanosis which is a sign that your baby is not getting enough oxygen.

How to Take Your Baby's Temperature

Your baby's temperature may be taken several different ways. For babies younger than 3 months, a rectal temperature will be the most accurate. If you don't feel OK taking a rectal temperature, there are other methods you can use as well.

Do NOT use a mercury thermometer. Old-fashioned glass thermometers that contain mercury should not be used. If you have one, we recommend properly getting rid of it. Check with your local state laws or waste facility on how to dispose mercury-containing products.

What to Do If Your Baby Has a Fever

Younger than 2 months old:

- Call your health care provider right away if your baby's temperature is 100.4°F (38°C) or higher.
- Dress your baby in light clothing.
- Don't overheat the room.
- Give extra formula or breastmilk to drink.
- DO NOT give a sponge or tub bath — this lowers the temperature too fast.
- Do not give fever medicines to babies under 3 months old unless directed by your provider.

Reading Your Baby's Temperature

- Normal temperature is about 98.6°F (37°C)
- Can range between 97.6°F to 99.6°F (36.4°C to 37.6°C)

If your baby is younger than 2 months old and has a temperature of 100.4°F (38°C) or greater, take your baby to his or her provider right away.

Taking a Rectal Temperature

What You Need

- Digital multi-use thermometer (Label your rectal digital thermometer so it is not accidentally used in the mouth.)

How to Use

1. Be sure to read the manufacturer's instructions for your digital thermometer for proper use.
2. Wash the thermometer with warm, soapy water and rinse.
3. Wipe the thermometer dry or let it air dry.
4. Put a little bit of petroleum jelly or water-based lubricant on the tip of the thermometer.
5. Lay baby on his or her stomach across your lap or firm surface.
6. Turn the thermometer on.
7. Gently insert the thermometer into your baby's anus about 1/2 inch (for babies younger than 6 months), or until the silver tip of the thermometer is not visible.
8. There should not be any resistance. If there is, stop.
9. Hold your baby still. Leave the thermometer in place until you hear a beep.
10. Most thermometers will beep in less than 1 minute.
11. Remove gently and check the digital reading.
12. Before putting the thermometer away, make sure to clean it with soap and warm water or rubbing alcohol.



Taking an Underarm (Axillary) Temperature

What You Need

- Digital multi-use thermometer

How to Use

1. Be sure to read the manufacturer's instructions for your digital thermometer for proper use.
2. Place the silver tip of the thermometer high up in your baby's armpit.
3. Hold your baby's arm snug against his or her body until you hear a beep. To get a true reading, make sure the thermometer is against your baby's skin on all sides.
4. Remove gently and check the digital reading.
5. Before putting the thermometer away, make sure to clean it with soap and warm water or rubbing alcohol.

Taking a Forehead Temperature

What You Need

- Temporal artery thermometer

How to Use

1. Be sure to read the manufacturer's instructions for your thermometer for proper use.
2. Slide or aim the sensor across your baby's forehead to get the most accurate measurement.
3. The sensor will measure the heat waves coming off your baby's temporal artery. This is the blood vessel that runs across the forehead just below the skin.

Safety Tips and Reminders

Always keep safety in mind in your care of baby. Here are some tips to keep your child safe.



Travel and Car Seats

One of the most important jobs you have as a parent is to keep your child safe when traveling in a vehicle. Use an approved car seat for EVERY car ride, no matter how short (or long) the trip. Children younger than age 12 should always ride in the back seat.

Other Helpful Reminders

- Never leave your child alone in the car. Always LOOK before you LOCK.
 - Make it a habit of opening the back door every time you park to make sure you don't forget your baby.
 - According to KidsAndCars.org, nearly 40 children die in hot cars every year in the United States. Even the best of parents and caregivers can easily forget a sleeping baby in a car, and that mistake can result in injury or death.
- ALWAYS buckle baby in a car seat that meets federal safety standards.
- The middle of the back seat is the safest position.
- Never place a baby in the front seat of your vehicle.
- Always keep the car window closed and the door nearest the baby locked.

Car Seats at a Glance

	Age Group	Type of Seat	General Guidelines
	Newborns to age 2 and as long as possible	Rear-facing-only Rear-facing-convertible	Make sure to read the instructions for height and weight limits that came with your car seat
	Children 2 and older (toddlers and preschoolers) who weigh at least 40 pounds	Forward-facing convertible Forward-facing with harness	A forward-facing child safety seat is recommended until the child reaches age 4 AND 40 pounds

Learn more about appropriate car seats for your child at [NHTSA.gov/TheRightSeat](https://www.nhtsa.gov/TheRightSeat)

Environment: Protect Your Baby from Passive Smoking

- It is important to keep your baby away from any smoke and tobacco products.
- Only smoke in a location where your baby won't be exposed, such as outside or in a separate room designated for smoking. Keep the door to that room closed.
- After smoking, make sure you wash your hands and change clothes before holding your baby to prevent exposure.

At Avera, we understand quitting can be a challenge. Talk to your health care provider for additional support to help quit smoking.

Product Recalls

All parents should monitor recalls of children's products. Visit CPSC.gov or SafeKids.org to be informed about product recalls by the Consumer Product Safety Commission or SafeKids Worldwide.

Technology: Television and Screens

- Because of the brain development, real-life experiences are better for babies than watching television or using tablets, smartphones and other electronic screens.
- The sound and lights from devices, even children's programs, can be distracting to babies and can keep them from doing activities that are more beneficial.
- Babies need to learn to focus on distance, depth and side-to-side tracking. When they look at single-dimensional screens on devices, it can slow down eye development.
- Experts recommend keeping babies away from devices and screens as much as possible to help your baby learn.

Other Safety Tips

- Consider getting certified in cardiopulmonary resuscitation (CPR) by taking a class.
- Never leave your baby alone around water.
- Never put a pacifier on a string around baby's neck.
- Never give honey to a baby younger than 1 year of age.
- Keep baby's crib positioned away from curtain cords and other strings.
- Never allow baby or child to play with plastic bags.
- Use outlet covers in unused electrical outlets.
- Install gates on stairs to prevent falls.
- Check all toys for small parts that could be pulled or chewed off, as they are a choking hazard. Toys must be too large to put in the mouth.
- Keep medications locked or out of reach of children and in child-resistant containers.
- Make sure matches and lighters are hidden and out of reach.
- Keep all cleaning supplies and other poisonous substances locked and/or out of reach of baby. Keep them in their original, labeled containers.
- Keep plants out of reach of toddlers — many are poisonous.
- Keep hot items, like coffee, out of reach; don't drink hot liquids while holding baby.
- Don't allow children to run and play with gum, candy or other food in their mouths.
- Keep firearms locked, unloaded and out of reach.
- Keep your baby out of significant direct sun exposure during the first few months of life.
- Never leave your baby alone on a changing table, bed, high chair or in other high places. Don't leave your baby in a walker without watching them carefully.

Umbilical Cord Care

How to Take Care and Prevent Infection of Your Baby's Umbilical Cord Stump

- Don't pull or pick your baby's umbilical cord. Within 1 to 3 weeks after birth, your baby's umbilical cord stump will dry and fall off on its own.
- Make sure to keep the stump area dry.
- Don't put clothes on your baby that are tight or will rub against the stump.
- Make sure your baby's diaper doesn't cover or rub against the stump.
 - If the diaper is too big, you can fold down the top edge of the diaper so it doesn't cover or rub against the stump.
- Do not give your baby a bath in water until the stump has fallen off and the area where the cord was attached is dry and healed. In the meantime, you can clean your baby with a damp wash cloth or sponge.

When to Call Your Baby's Health Care Provider

Until it falls off, you might notice that the cord stump will change color from yellow to brown/black. This is normal. However, if you notice redness or some of these other signs listed below, call your baby's health care provider:

- Redness or swelling around the stump
- Discharge or a bad smell coming from the stump
- The stump doesn't fall off by 4 weeks after the birth
- If your baby is less than 2 months old and has a fever of 100.4°F (38°C) or greater, take your baby to his or her provider right away



Circumcision Care

Circumcision is a simple procedure. It is the removal of some or all of the extra skin covering the head of the penis.

Care for the Circumcised Penis

- Keep the penis clean and dry. This is very important.
- Apply a petroleum jelly cream (Vaseline) for 1 to 2 days after circumcision. Other than that, just leave it alone.
- Make sure to change your baby's diaper often.
- There may be a small amount of blood from the incision and the area may have some swelling. You might notice the head of the penis might be slightly red or black and blue.
- Yellow crusting over the head of the penis is normal. Do not clean off this yellow substance; it is part of the healing process.

On average, it will take between 7 to 14 days for the circumcised penis to heal.

If a Plastibell device was used:

- It stays on the penis until the incision heals. The Plastibell should fall off after 7 to 10 days.
- A dark or black ring around the Plastibell is normal. This disappears when the Plastibell falls off.

Signs and Concerns –

When to Call Your Health Care Provider

- There is fresh, bright red bleeding from the surgical cut
- There is a bad smell coming from the incision
- You notice an extreme amount of swelling of the penis and has continued for more than 2 or 3 days
- Your baby doesn't urinate within 12 hours after his surgery
- If the Plastibell does not fall off in 14 days or if it slips onto the penis shaft

Care for the Uncircumcised Penis

The best advice is to "leave it alone." Basic washing and rinsing on the outside of the penis is all you need to do.

Sleep and Crib Basics

You've made it home from the hospital and noticed your sweet bundle of joy always wanting to sleep. (**Two words:** Enjoy it!) In the first few weeks of your baby's life, newborns will spend most of their time sleeping, usually around 18 to 20 hours a day.

As a reminder, your baby should always sleep on his or her back at all times — for naps and at night until he or she has passed the first birthday.

What do I need in my baby's crib?

A tight-fitted sheet around the mattress

That's pretty much it

Do NOT Place These Items in Your Newborn's Crib

- Pillows
- Quilts
- Sheep skins
- Toys
- Stuffed animals
- Heavy blankets or comforters
- Bumper pads

Sleep Safety and Cribs

Make sure your crib is safe by keeping it empty. Use a firm and flat mattress in a safety-approved crib, covered by a fitted sheet.

- Avoid placing your baby on thick blankets or fluffy padding.

The Consumer Product Safety Commission's (CPSC) standards now require crib bars to be no further than 2 3/8 inches apart. You shouldn't be able to move a can of soda between the bars.

- You can contact the CPSC at 1-800-638-2772 or CPSC.gov if you have questions or want more information on crib safety.

To keep your baby warm, you can use a sleep sack or have your baby wear a long-sleeve sleeper onesie.



Sudden Infant Death Syndrome (SIDS)

Health care providers and researchers don't know the exact causes of sudden infant death syndrome (SIDS).

However, you can take steps to help reduce the risk of SIDS and other sleep-related infant deaths by doing the following:

- Do not drink or smoke during pregnancy.
- Breastfeed your baby if possible.
- Place your baby to sleep on his or her back.
- Don't allow your baby to become overheated. Signs your baby may be getting too hot include sweating or his or her chest feels hot.
- Do not cover your baby's head.
- Keep your baby's crib bare. Do not put blankets, pillows, soft toys or bumper pads in the crib. These items can affect breathing if your baby's face presses against them.
- Give your baby a pacifier for naps and bedtime.
- If you are breastfeeding, make sure your baby is used to your breast nipple before you start giving a pacifier.

Room Share – First 6 to 12 Months

For the first 6 to 12 months of life, have your baby sleep in your room, alone in a separate crib or bassinet, near your bed. Your baby should not sleep in your bed; bed-sharing is not recommended for any babies. This can help decrease the risk of SIDS by as much as 50%. Room sharing will make it easier for you to feed, comfort and watch your baby.

Try Giving a Pacifier at Nap Time and Bedtime

Pacifiers can help reduce the risk of SIDS, even if they fall out after your baby is asleep. If the pacifier falls out after your baby falls asleep, you don't have to put it back in.

Some babies simply don't like pacifiers and it's OK if your baby doesn't want it.

Places Where Your Baby Should Never Sleep

- Adult beds
- Chairs
- Sofas
- Waterbeds
- Couch cushions

Reminder:

Adults should not sleep in chairs or on couches while holding a baby.

To learn more about crib safety, visit [SafeSleepAcademy.org](https://www.SafeSleepAcademy.org).





Hygiene, Diapering and Bathing

Bathing

For most babies, giving a bath 2 or 3 times a week works best. Bathing your baby too much can dry out his or her skin.

Helpful Reminders

- Never leave your baby alone in a bath. If you must leave the room, always take your baby with you. Even 1 inch of water can be deadly.

- To prevent burns, make sure to feel the water with your elbow or inside of your wrist to check. Water should feel warm, not hot.
- Baby towels with hoods are great and can keep your baby warm during drying.
- Avoid using lotions, oils or cream on your baby's skin. If your baby's skin is very dry, you may apply a small amount of unscented lotion or cream to the dry areas after 2 weeks of age.

Sponge or Washcloth Baths

Sponge baths are like regular baths, except you don't put your baby in the water.

You will give your newborn baby sponge baths until:

- Umbilical cord of the belly button dries and has fallen off.
- Circumcision has healed (for boys that were circumcised). After that, tub baths can be started.

Tub Baths

- Have your infant bathtub ready. Infant bathtubs are usually made of plastic and can fit into a regular bathtub or kitchen sink. Make sure the room is warm and draft-free to prevent your baby from getting cold during his or her bath.
- Fill the tub with warm water that is no more than 2 to 3 inches deep. Make sure to test the water's temperature BEFORE you start.
- Throughout your baby's bath, make sure to pour water gently over your baby's body so he or she doesn't get cold. Cup your hand across your baby's forehead so the soap suds don't get into his or her eyes.

Nail Care

- Baby's fingernails may be long at birth, and if left uncovered and uncut, they might scratch his or her face. It is easiest to trim nails using specialized baby nail clippers when your baby is sleeping.
- Rounding edges with a soft nail file is useful. Baby's toenails grow slower than fingernails and don't need to be kept as short. It may only be necessary to trim them 2 times a month.

Bulb Syringe/Aspirator

- Use this to remove mucus from baby's nose or mouth.
- Squeeze air out before inserting tip in your baby's nose, then release.
- Squeeze contents out onto tissue or cloth.
- Rinse well between uses.
- Replace your bulb syringe if baby has frequent colds and if you are using often.

Laundry

Use a mild or unscented detergent for baby's clothing and blankets. Avoid using fabric softeners, as they are irritating to baby's skin.

Diaper Tips

- Whether you use cloth or disposable diapers, you'll use a lot. The average baby gets changed 70 times a week.
- Before changing your baby's diaper, make sure you have all the supplies you need within reach. You should never leave your baby unattended.
- When removing a boy's diaper, exposure to the air may cause him to urinate, giving you a surprise! Remove a boy's diaper slowly to avoid this.
- Always wipe front to back, taking extra care with baby girls to avoid wiping in the wrong direction. If the baby has skin folds, make sure no waste has gotten in there. With boys, clean under the scrotum and penis.
- Make sure to be thorough and wipe the sides and the outside of the genital and anal area. If girls get waste in their labia area, wipe that part last. Be gentle as you wipe; excess pressure can push waste into hard-to-clean areas.

Diaper Rashes

Diaper rashes are common. They are often caused by contact with poop, pee, baby wipes or cloth diapers that aren't completely washed. Luckily, rashes will go away within a few days if you treat it right away.

Tips for preventing and/or treating diaper rashes:

- Make sure to change your baby's diapers as soon as they become dirty, especially after they poop.
- If you use cloth diapers, wash them using dye and fragrance-free detergent.
- You can try to prevent rashes by keeping your baby's bottom clean and dry. You may use petroleum jelly to keep moisture away.
- Let your baby go without a diaper for part of the day to allow some air in healing the irritated skin.
- Try diaper rash creams.

If you don't notice an improvement or the rash has lasted for more than 3 days, call baby's provider.

Crying and Comforting Techniques

Crying is completely normal behavior. Crying is also how babies communicate. Your baby's cry can mean that they are feeling hungry, tired, frustrated or lonely.

Don't be afraid to respond when your baby cries — it won't spoil him or her.

When your baby cries and you respond right away, your baby will learn to trust you. Babies who are picked up quickly when they cry during the first 6 months will cry less later on.

Call your baby's health care provider if nothing seems to comfort your baby.

Here are some comfort tips you can try when your baby is crying:

- Feed or nurse your baby.
- Give your baby a pacifier.
- Change baby's diaper.
- Give baby a warm bath.
- Hold baby by keeping their arms close and legs close to his or her body with your hand.
- Swaddle your baby.
- Make shushing sounds by rocking your baby in a gentle motion.
- Try walking with a slight bounce in your step.
- Gently massage baby's back.
- Try using a baby swing or a cradle.
- Take your baby out of the house for some fresh air and go for a walk.
- Take your baby for a car ride in an approved car seat.

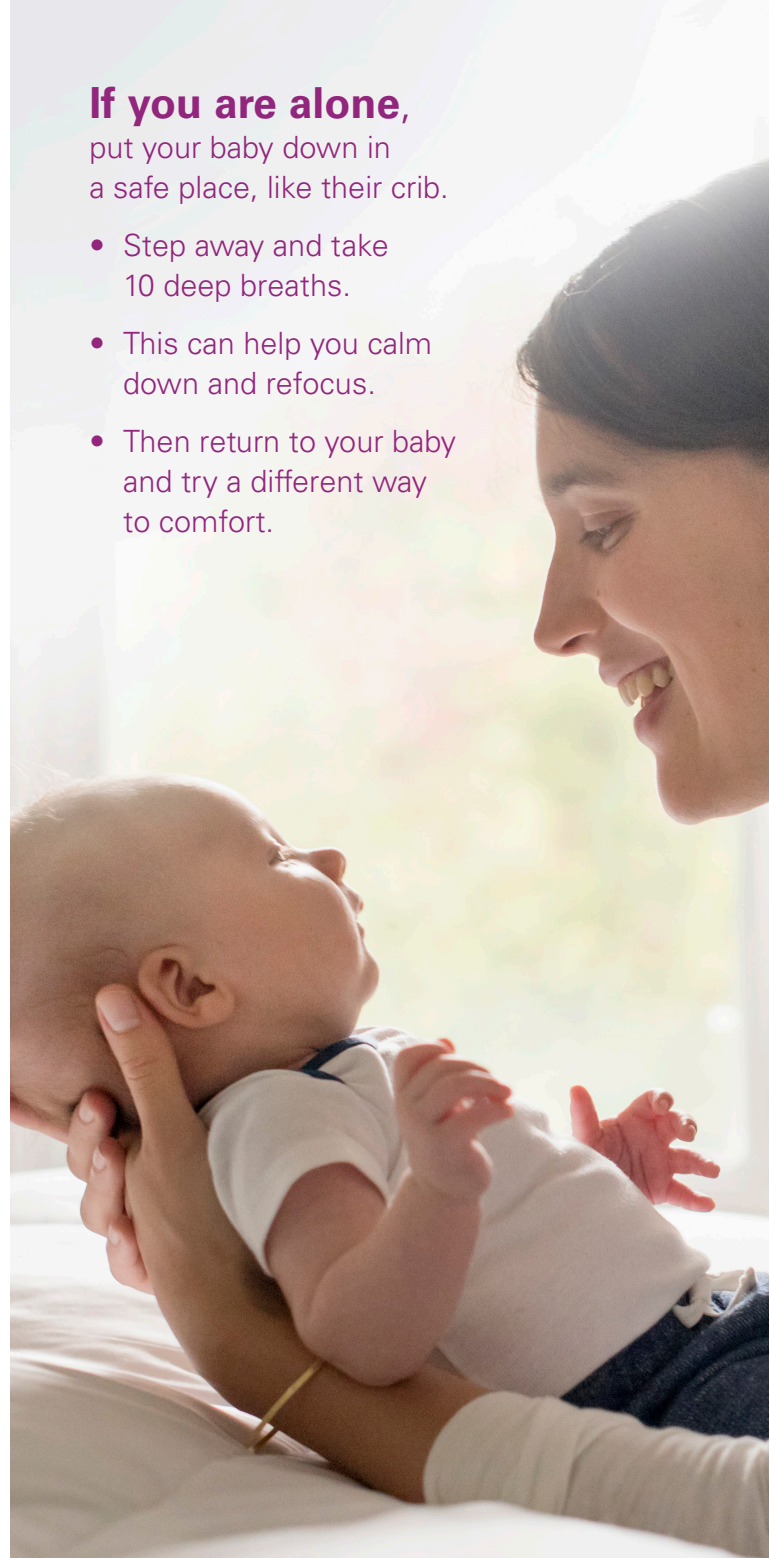
If you are frustrated or your baby won't stop crying, remember:

TAKE A BREAK – NEVER SHAKE!

Call someone to help take care of your baby so you can take a break.

If you are alone, put your baby down in a safe place, like their crib.

- Step away and take 10 deep breaths.
- This can help you calm down and refocus.
- Then return to your baby and try a different way to comfort.





Never Shake – Preventing Shaken Baby Syndrome

Shaking a baby, even a little, is very dangerous. When a baby is shaken, their brain moves back and forth in their skull which can cause abusive head trauma, also known as Shaken Baby Syndrome.

Babies have very weak neck muscles and do not yet have full support of their heavy heads. When they are shaken, hit or handled roughly, their fragile brains can move inside the skulls and cause serious injuries such as:

- Blindness
- Eye damage
- Seizures
- Brain damage
- Delay in normal development
- Damage to the spinal cord (paralysis)
- Death

It can be frustrating and stressful when your baby won't stop crying, especially when your baby is sick. But remember, no matter how tired or upset you are, even if you have tried everything to stop the crying, never shake your baby.

If you think your baby has been shaken or harmed, call your health care provider right away.

Babies with Colic

If you have tried everything to calm your baby, but he or she continues to cry nonstop, your baby may have colic.

- Colic most often starts when your baby is about 2 to 5 weeks old.
- It will get better when he or she is 3 to 4 months old.
- Colic is NEVER a sign that your baby is rejecting you — it's natural. You're not doing anything wrong, and even experts are not sure why colic happens.
- ANY baby can have colic, but it's temporary and can be overcome. Seek help if you need it, but remember it will pass in time.

Talk to your health care provider about child care options, counseling or other resources that can help.

Your baby's safety is priority. Call the Childhelp National Child Abuse Hotline at 1-800-422-4453, available 24/7, if you're frustrated. Trained operators will help you deal with the situation and keep you and your baby safe.

Feeding Baby – General Overview

All babies are different – some like to snack more often, and others drink more at one time and go longer between feedings. As your baby gets bigger, so will his or her tummy. Most babies will drink more and go longer between feedings since their stomachs can hold more milk. In the first 4 to 6 months of your baby’s life, all he or she will only need for food is breastmilk or infant formula.

The American Academy of Pediatrics states that your baby should not receive any dairy or plant-based milk for the first 12 months of life.

Most newborns eat every 2 to 3 hours, or 8 to 12 times every 24 hours. Babies might only take 1/2 ounce per feeding for the first couple of days. After that, babies will usually drink 1 to 2 ounces at each feeding. This amount will increase to 2 to 3 ounces by 2 weeks of age.

Type of Breastmilk	Countertop 77°F (25°C) or below (Room Temperature)	Refrigerator 37 - 40°F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Pumped Breastmilk	Up to 4 hours	Up to 4 days	Within 6 months is best Up to 12 months (1 year) is acceptable
Thawed (Previously Frozen)	1 – 2 hours	Up to 1 day (24 hours)	Never refreeze breastmilk after it has been thawed. Throw away if any leftovers
Leftover from a Feeding	Use within 2 hours after the baby is finished feeding		

Feeding Too Much or Too Little?

If you are concerned your baby wants to eat all the time — even when he or she is full — call your baby’s provider.

Pacifiers may be used after feeding that can help comfort your baby. Sometimes your baby wants to continue sucking but is not hungry.

Note: If you are breastfeeding, wait to give your baby a pacifier until around 3 to 4 weeks of age, or when you have successfully established breastfeeding. You just want your baby to get used to your breast nipple first.

Feeding and Daily Diapers

- A dirty or wet diaper is a good sign that your baby is getting enough to eat. How often your baby has bowel movements will vary. It’s based whether you feed breastmilk or infant formula.
- In the first few days after birth, your baby should have 2 to 3 wet diapers each day.
- After the first 4 to 5 days, a baby should have at least 5 to 6 wet diapers a day.

Burping

- Burping removes swallowed air from your baby’s stomach.
- Burp by positioning your baby upright over your shoulder and gently patting the back; or hold baby upright on your lap, supporting head and chest and pat the back.
- Burp midway through feeding and at the end.
- Your baby may not always need to burp, or may need to burp more than once.
- Spitting up or wet burps is normal for many babies. Frequent burping and elevating baby’s head may help.
- Let your provider know about any forceful vomiting.
- Hiccups are normal.



Some moms are not able to breastfeed and this is OK. Talk to your health care provider for other feeding options.

Feeding Your Baby: Breastfeeding

You have a wonderful new little person in your life. Learning as much as you can about this unique person and becoming more comfortable with his or her care will help.

Breastfeeding is:

- A gift to your baby
- Important to your baby's health and growth
- Especially important for babies who are sick or premature
- A way you can provide for your baby in a special way that no one else can

The first 2 weeks after delivery is an important time for building a milk supply. Breastfeeding often during this time will help you have enough milk for the weeks and months to come.

If you are able, it is highly recommended to exclusively breastfeed for the first 6 months of your baby's life and to continue breastfeeding while introducing other foods until your baby is 12 months.

Most babies will not need solids until 6 months of age. Adding solids too early might lead to allergies. Pay attention to the way your baby lets you know he or she is ready to breastfeed.

Signs include:

- Waking up
- Making sucking motions with his or her mouth
- Bringing hands to the mouth

Your baby will cry if you have missed earlier signs.

Preparing to Breastfeed

- Wear a nursing bra that opens easily for feedings and provides good support, day and night, for the first few weeks.
- Keep water or juice at hand to drink while you're nursing. You will feel thirsty. Drinking enough fluids contributes to having enough milk supply. Limit drinks with caffeine.
- Wash your hands for at least 20 seconds before starting to nurse.

Best Positions for Breastfeeding

To begin, your baby should be positioned so that the nose is at the level of your nipple. Try to keep your baby's head and chest facing the same direction.

When your baby's mouth opens wide, quickly bring your baby to your breast. The entire nipple and a large portion of the areola (the pink or dark colored flesh around the nipple) should be in the baby's mouth. Be sure that you and your baby are comfortable and well supported. Use pillows or a nursing pillow to support the baby's weight.

Some breastfeeding holds may work better for you and your baby than others. Proper positioning can help your baby latch on and also prevent nipple soreness and other breastfeeding issues.

Use different positions for each feeding so that you change where the baby puts pressure on your nipples. This will help all the milk ducts in your breast empty.

Brush the baby's lips with the nipple of your breast.

As you continue to breastfeed your baby, remember to switch your breast for each feeding.

Pumping Your Breastmilk

Trying to balance work or school can be challenging and may require you to be away from your baby. The good news is that you can still feed your baby with breastmilk by pumping your breasts. Talk to your health care provider or lactation nurse to help you get started. Remember, don't give your baby bottles or pacifiers until you have successfully established breastfeeding. This helps you both get a good start so your baby can get used to your natural nipple first.

Call your health care provider or a lactation nurse if:

- Baby is nursing more than 14 times per 24 hours
- Breasts do not soften after feedings
- Baby's urine is dark after day 3
- Baby's poopy diapers are still black or brown after day 5
- Baby has not had a wet diaper within 12 hours or a poopy diaper within 2 days

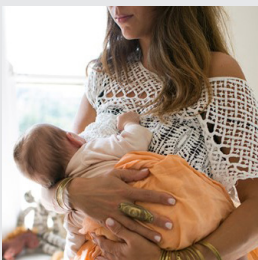
Planning for Safe Breastfeeding

Your breastmilk naturally meets your baby's needs. Yet what you eat and drink can pass into your milk and affect your baby when breastfeeding. By making sure you are using the best practices in your lifestyle when breastfeeding your baby, you can help lower your baby's risk of developing asthma, type 1 diabetes, obesity, ear infections, sudden infant death syndrome (SIDS) and many more conditions.

Medications

- Although many medications do pass into breast milk, most have little or no impact when taken as directed, and they are safe to use when breastfeeding.

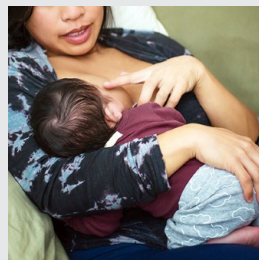
Here are some examples of common breastfeeding positions:



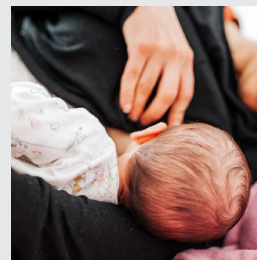
Cradle



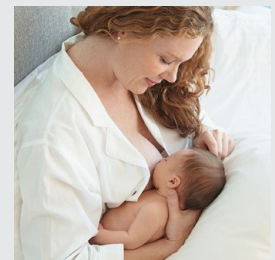
Cross-cradle



Laid-back



Side-lying



Football

Smoking/Tobacco (including e-cigarettes)

- Smoking, using tobacco or vaping while breastfeeding can allow harmful chemicals to pass from your breastmilk to your baby. This is true whether you are using tobacco yourself, or if you are just around secondhand smoke. Talk to your provider if you need help quitting.
- If you decide to continue smoking, breastfeed your baby first, then go outside the home and away from your baby (this will help reduce the amount of nicotine that is in the breastmilk). When you are done smoking, make sure to wash your hands with soap and water, change into different clothes before interacting with your baby. When you smoke, your milk supply may also decrease.
- Risks to your baby: Rapid heart rate, diarrhea, vomiting, ear infections.

Caffeine

- Try to limit your consumption of caffeine drinks when possible as long as you are breastfeeding. However, if you decide to have a caffeinated drink, most experts state that consuming 300 to 500 milligrams per day is considered safe. A standard 8 ounces (1 cup) of black coffee is approximately 96 milligrams. High levels of caffeine are found in breastmilk 1 to 2 hours after drinking your beverage.
- Risks to your baby: Crying or fussiness that is not easy to calm, poor sleeping pattern.

Alcohol

1 alcoholic drink =



- Not drinking alcohol is the safest option when you are breastfeeding. However, drinking a small amount of up to 1 standard drink per day should be considered safe. If you decide to have a drink, a good rule to follow is that for every standard alcoholic drink you have, it'll take a minimum of 2 hours for each drink to get out of your blood and out of your breastmilk. A standard drink is considered one 12-ounce beer, one 4-ounce glass of wine or a mixed drink containing 1 ounce of alcohol.

- Pumping milk after drinking alcohol and then throwing it away, also known as “pumping and dumping,” does NOT reduce the amount of alcohol in your breastmilk quicker. The level of alcohol in your blood is what the level of alcohol will be in your breastmilk.
- Risks to your baby: Over sleepiness and hard to wake up, poor feeding, different milk taste.

DO NOT USE the Following During Breastfeeding

Talk to your provider for additional support if you have questions or need help with quitting.

Cannabis, Marijuana, Hemp, THC and CBD

- As long as you are breastfeeding, you should not use products (even prescriptions) that have THC, including those containing CBD, to limit potential risks to your baby. THC and CBD chemicals can be found in marijuana and hemp.

Methamphetamines

- There are case reports of infant death following exposure to methamphetamine through breastmilk.
- Risks to your baby: Potential neurobehavioral or psychomotor delays, growth restriction, increased risk of death.

Cocaine

- Risks to your baby: Seizures, choking, gasping, increased heartrate, increased breathing rate, increased blood pressure, vomiting, diarrhea, increased risk of death.

Heroin

- Risks to your baby: Over sleepiness and hard to wake up, slowed breathing rate, poor feeding, increased risk of death.

Please contact your health care provider or an Avera lactation professional for additional breastfeeding education.

Formula Feeding

There are situations where you may have to provide formula to feed your baby. Formula or breastmilk are the only foods that your baby will need in the first 4 to 6 months.

There are 3 types of formula: liquid concentrate, ready-to-feed and powder. Talk to your baby's provider or nurse if you have questions about choosing an infant formula or if you are thinking of switching a formula brand or type.

Formula Feeding Tips

- Check your formula's expiration date.
- Refrigerate any formula you mix ahead of time right away.
- Make only enough for 24 hours.
- Pour only the amount needed for 1 feeding in each bottle.
- Never add anything to formula, such as infant cereal, food, plant-based or cow's milk.

Choosing an Infant Formula

- Make sure it is not expired.
- Make sure the container is sealed and in good condition. If there are any leaks, puffy ends or rust spots, do not feed it to your baby.
- Every formula is different. Be sure to read the directions before feeding to your baby. If the formula requires you to mix or prepare, it is important to use the same measuring spoon provided with the formula.
- If your baby is younger than 3 months old, was born early or has a weakened immune system, you may want to take extra precautions when preparing infant formula. Talk to your provider if you have questions.

Using Well Water

Some wells can contain high levels of bacteria and nitrates, which can be harmful to your baby.

- Get your well water tested before you use it to mix your baby's formula.
- It is recommended to have your well water tested once a year to protect your family's health.
- If your well water tests poorly, purchase drinking water at a grocery store and only use that for formula.

Types of Bottles

There are many types of bottles available out there. For your newborn, nursing bottles usually come in 3 basic sizes in the following ounces (oz.):

- 4 oz. (this is the common size used for newborns)
- 8 oz.
- 9 oz.

If your baby has special needs, check with your baby's provider for recommendations.

Wash After Each Use

- Wash bottles in hot soapy water before using and after every feeding.
- There is no need to sterilize bottles.
- You can hand-wash bottles in hot soapy water or put them on the upper rack of the dishwasher.
- Use a nipple and bottlebrush to clean hard-to-reach areas.
- Rinse well and dry bottles upside down on towel or drying rack.

Bottle Nipples

When bottle-feeding your baby, make sure the nipple hole is the right size.

- If your baby seems to be sucking too hard, you probably need a fast/medium-flow nipple.
- If your baby seems to be gulping often or drinking too fast, you probably need a slow-flow nipple.

For a newborn, you know the nipple size is right when the formula or breastmilk comes out in a spray for a second or two when you squeeze the bottle. When the bottle is upside down, the liquid should just drip from the nipple.

Warming Your Baby's Bottle

- Warm cold formula by holding the bottle of formula under hot running water or submerge it in a bowl of hot water to room temperature. You can also use a bottle warmer.
- Never use a microwave to warm bottles of formula or breastmilk. Microwaving can cause the liquid to be too hot and burn your baby's mouth.
- Always swirl the bottle to be sure the heat is even, and test on your wrist for proper temperature. It should not feel hot. Bottles of breastmilk should be swirled rather than shaken.

Bottle Feeding

- Feed baby formula or breastmilk only at room temperature.
- Always hold the bottle for your baby while feeding.
- Do not use a bottle to feed your baby anything besides infant formula or breastmilk.
- Never use any items to prop the bottle up so you can do other things while baby eats.
 - Propping the bottle can increase the risk of your baby choking, ear infections and tooth decay.
- If your baby shows sign that he or she is no longer hungry, don't force your baby to finish the bottle.

How to Feed

- Hold the bottle up to your baby's lips with milk in the nipple. When baby opens his or her mouth wide, give him or her the bottle.
- Keep your baby's head slightly up to help prevent choking.
- Burp your baby after every ounce for the first few weeks.
- If your baby stops sucking or turns away from the bottle, he or she is finished.
- Remove the bottle from your baby's mouth after he or she falls asleep.

Remember that feeding time is a special time for bonding with your baby. Always hold your baby and interact with him or her while feeding.

Development: Birth – 6 Weeks

Brain Development

Your baby should:

- Be interested in watching things in his or her surroundings
- Begin to follow the movements of people and objects
- Observe faces and sometimes imitate expressions
- Learn to trust

Some tips to help your baby learn and grow:

- Change your baby's position and location often so there are new things he or she can see.
- Talk to your baby about what you're doing and see how he or she responds.

Language Development

Your baby should:

- Recognize the voices of his or her parents
- Begin to coo and gurgle during awake and alert times
- Have different cries for different needs
- Respond to sounds
- Prefer voices to other sounds

Some tips to help your baby learn and grow:

- Provide lots of different sounds for your baby to listen to.
- Read to your baby, even though he or she doesn't understand the words.
- Talk and sing to your baby frequently.

Social-Emotional Development

Your baby should:

- Enjoy watching people in his or her surroundings, especially faces
- Be comforted by your touch and voice, and stop crying when held
- Begin to smile at parents
- Begin to develop a sensitivity to the moods and feelings of parents
- Expect that his or her needs will be taken care of

Some tips to help your baby learn and grow:

- Look at your baby often and talk to him or her as you care for him or her.
- As you hold your baby in your arms, smile and make little noises, and let him or her know that you are happy to be there.
- Respond to your baby's needs when he or she cries. This teaches baby that you can figure out his or her needs.

Physical Development

Your baby should:

- Begin muscle development in a "head-to-toe" pattern
- Try to lift his or her head — it will be wobbly and still needs lots of support
- Move arms and legs; begin to bring his or her fist to the mouth
- Follow people and objects with his or her eyes

Some tips to help your baby learn and grow:

- Dedicate 2 to 3 times each day for about 3 to 5 minutes of "tummy time" so your baby can practice lifting his or her head.
- Encourage your baby to follow an interesting object with his or her eyes by holding it 8 to 10 inches in front of him or her and moving it slowly side to side.

Immunization

Why immunize?



Protect your family: Vaccines give you the power to protect yourself and your family from getting sick.



They protect against serious illnesses such as measles, mumps, tetanus, chicken pox, meningitis and more.



Protect our society: Diseases like polio, diphtheria and rubella are becoming rare due to vaccinations. Until we eliminate disease, it's important to keep immunizing.



Vaccines are safe: The CDC and FDA take many steps to make sure vaccines are very safe. Vaccines have low risk of adverse outcomes and the benefits greatly outweigh the risks.



Many preventive immunizations are covered 100% (at no charge) by most health plans. Check with your health insurance carrier to identify what is covered with your plan.

Child Immunization Chart

Birth	<input type="checkbox"/> Hepatitis B (HepB)
2 mo	<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP) <input type="checkbox"/> Haemophilus influenzae type b (Hib) <input type="checkbox"/> Hepatitis B (HepB) ³ <input type="checkbox"/> Pneumococcal (PCV) <input type="checkbox"/> Polio (IPV) <input type="checkbox"/> Rotavirus (RV)
4 mo	<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP) <input type="checkbox"/> Haemophilus influenzae type b (Hib) <input type="checkbox"/> Pneumococcal (PCV) <input type="checkbox"/> Polio (IPV) <input type="checkbox"/> Rotavirus (RV)
6 mo	<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP) <input type="checkbox"/> Haemophilus influenzae type b (Hib) <input type="checkbox"/> Hepatitis B (HepB) ³ <input type="checkbox"/> Pneumococcal (PCV) <input type="checkbox"/> Polio (IPV) <input type="checkbox"/> Rotavirus (RV)
EVERY YEAR	Flu Shot <i>Yearly after 6 months of age</i>
12 mo	<input type="checkbox"/> Chicken pox (Varicella: VAR) <input type="checkbox"/> Haemophilus influenzae type b (Hib) <input type="checkbox"/> Hepatitis A (HepA) (1 of 2) <input type="checkbox"/> Measles, mumps and rubella (MMR) <input type="checkbox"/> Pneumococcal (PCV)
15 mo	<input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP)
18 mo - 2.5 yr	<input type="checkbox"/> Hepatitis A (HepA) (2 of 2) <i>Separate 2 doses by 6-18 months</i>
4-6 yr	<input type="checkbox"/> Chicken pox (Varicella: VAR) <input type="checkbox"/> Diphtheria, tetanus and pertussis (DTaP) <input type="checkbox"/> Measles, mumps and rubella (MMR) <input type="checkbox"/> Polio (IPV)
11-12 yr	<input type="checkbox"/> Human papillomavirus (HPV) ¹ prevents cancer. 2 doses before age 15 <input type="checkbox"/> Meningitis (Meningococcal: MenACWY) <input type="checkbox"/> Tetanus, diphtheria and pertussis (Tdap)
16 yr	<input type="checkbox"/> Meningitis (Meningococcal: MenACWY) <input type="checkbox"/> Meningitis (Meningococcal B: MenB) ²

1. If given to ages 15-26: HPV vaccine is given in 3 doses. Get first shot, wait 1-2 months; get second shot, wait 6 months; get third shot.
2. Check with your provider to see if the meningitis vaccine is recommended for your child.
3. Ask your provider whether re-vaccination might be right for your child.

Schedule immunizations today.
Learn more at Avera.org/shots

Looking Ahead: Child Care

Selecting Child Care

The idea of looking for child care with a newborn can be overwhelming. However, starting early can help you prepare to make the decision that is best for your baby and family.

Be sure to give yourself plenty of time to make the best decision for your child's care. There are many types of child care to choose from, and it is important to find a provider that fits the needs of your child and your family. Decide if you want a family child care, a child care center or care in your home with a nanny. You can learn more about child care options at Childcare.gov.

At what age can your baby start child care?

Anytime that you feel ready and comfortable. You'll just want to make sure that the child care you're considering fits into your back-to-work timeline. Some child care centers have a minimum age requirement and won't accept babies until they reach a certain age.

Choosing Quality Child Care

When and where you decide to leave your baby in the care of someone else comes with its own set of benefits and challenges. To make a decision on what type of child care that will be the best option for you and your family, consider asking yourself these types of questions:

- Do you need child care every day or just a few hours a week?
- How much do you want to spend or can afford monthly for child care?
- Is your schedule flexible? Do you often work late hours unexpectedly? Are you able to leave your place of work every day at the same time?
- How close do you want your child to be to your home or work?
- Are you OK with having someone in your home and/or living in your home to take care of your baby?

- Are you OK with your child being around other children/babies?
- Is having a caregiver CPR-certified or well experienced in child care important to you?

Make sure the provider aligns with you and your family for things like discipline, learning, television time and other factors.

Child Care Center/Facility

Start early and ask for more details about the program. Some child care locations that accept infants often have long waiting lists. Depending on where you live and the demand for child care, some providers recommend searching as early as your first trimester.

Consider making a checklist to remind you of the things to ask that are important to you, what to look for and to record your observations.

Nanny or In-Home Child Care

- You should start your search at least 2 months before you plan to head back to work or earlier.
- Make sure to ask questions about their training and experience and check references thoroughly.
- Find out what the adult/child ratio will be, especially with infants.
 - According to the Childcare.gov, 1 trained adult should not care for more than 3 to 4 infants.
- For in-home child care, the home or center should meet basic safety requirements.

Family/Relative Child Care

- Do a couple of test runs in advance to make sure the arrangement will work. That way, if it doesn't work out for you or your relative, you will be able to have some time to find a backup option.
- Don't know where to start? You can visit Childcare.gov/state-resources-home to find local resources on child care, financial assistance, support for children with special needs and much more.



Looking Ahead: Adding Your Newborn to Insurance

Add Your Newborn to Your Health Plan

- Once your baby is born, the standard timeframe to have your baby added to your insurance plan is 30 days.
- Call your insurance company within the 30 days and have his or her birth certificate and social security number ready.

Contact your insurance carrier for more details and questions.

Qualifying Events

When you have given birth or adopted a baby, it is considered a “qualifying event.” Most carriers allow you to make changes to your health insurance plan when a qualifying event occurs.

You have 60 days from the date of the qualifying event to:

- Make changes to your current health insurance plan
- Switch or change insurance carriers or
- Purchase health insurance (if you don’t already have it)

Call the number on the back of your insurance card to ensure your baby is on your family’s health insurance plan.

Notes

Glossary

Areola

The dark area around the nipple of the breast

Cesarean Section

An incision to a woman's belly to help deliver a baby

Circumcision

The removal of the extra foreskin on the tip of the penis

Clogged Milk Ducts

A blocked tube that carries your breast milk from where it is made in your breast out to your nipple

Douching

Washing or cleaning out the inside of the vagina with water or other mixtures of fluids (e.g., soaps)

Engorgement

Swelling in the tissue of your breasts as a result from producing more breastmilk

Episiotomy

A cut to widen your vagina during labor and delivery to help your baby get out

Hemorrhage

Heavy bleeding that can happen as a gush or constant stream

Jaundice

A condition in which high blood bilirubin levels cause yellowish skin

Labia

The inner lips around the opening of the vagina

Mastitis

Swelling of the milk-producing glands in the breast; may be caused by an infection or by clogged milk ducts

Menstruation

Commonly known as having your "period," it's the 2 to 7 days when a woman has blood and tissue leave her body through her vagina

Ovulation

The release of your eggs from the ovaries

Plastibell Device

A bell-shaped device used as a circumcision technique in removing the extra foreskin of the penis

Postpartum

The period of time following childbirth

Preeclampsia

A pregnancy complication characterized by high blood pressure and signs of damage to another organ system

Scrotum

The bag of skin that holds and helps to protect the testicles

Testicles

Two small organs that are found inside the scrotum

Umbilical Cord

A tube-like structure that connects your baby to you via your placenta

Umbilical Cord Stump

The remnant of the umbilical cord that is left on the baby's belly button following delivery, and eventually becomes dry and naturally falls off



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