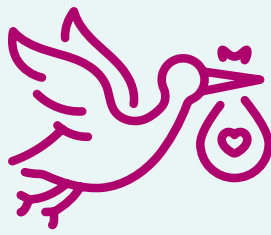


Postpartum
care



Caring for you
and your baby
Guidebook



Settling into parenthood

Your months of waiting are over. Now that your baby is here, you've started one of the most demanding and rewarding jobs there is.

We hope you're enjoying your first days and weeks with your new baby. But remember: It's normal for parents to also be exhausted and even overwhelmed at first.

All new parents need some time to adjust. You have a tiny person to get to know and care for. Your hormones are changing yet again, and if you're chestfeeding/breastfeeding, your body is adjusting. Because of these changes, your emotions may be stronger than usual.

It's important to take care of yourself, even as you learn to take care of your new baby. In this guide, we'll give you some advice for doing both. Get rest when you can, ask for help and enjoy the little moments.

Remember that your healthcare providers are ready to answer any questions you have. Your doctor, pediatrician and their staff will become some of your best resources — you'll turn to them time and time again!

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If you cannot or choose not to breastfeed, formula feeding is a safe and nutritious alternative for your baby.

You can find helpful feeding tips at the end of this chapter.

Feeding basics

The benefits of breastfeeding can be considerable. Human milk is uniquely designed to meet the nutritional needs of most newborns. Breastfeeding, also referred to as chestfeeding, creates a strong bond between birthing parent and child, and it has been shown to lower the risk for breast and ovarian cancer. Breastfeeding supports your baby's development in a number of ways. Human milk has a mix of nutrients and antibodies that help babies thrive. Babies fed human milk may have fewer illnesses and allergies. In addition, breastfeeding can often save you money when compared to the cost of buying formula.

Here are some facts about feeding your baby you need to know:

When and how to breastfeed

Successful breastfeeding begins at birth. Your baby will be born awake and ready to learn to suck in the first hour after being born. Many babies naturally gravitate toward the breast and begin to suck on their own.

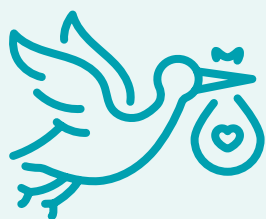
However, pain medication given during labor can interfere with this process. If your baby is too sleepy, he or she may need more time. Be patient.

While in the hospital, learn as much as you can about your baby from your nurse. Ask for help with breastfeeding. Have the nurse watch the baby latch on, so you can go home feeling comfortable and confident about how to be successful.

Your feeding relationship

Give yourself time to develop a good feeding relationship with your baby. New parents often have high expectations for themselves and their babies. While a lot of feeding and nurturing instincts come naturally, good nursing techniques are learned. Be patient with yourself and your baby as you develop your own feeding routines. Ask for help when you need it.

The three Cs of breastfeeding



① *Calm*

Take a few deep breaths before you sit down to nurse. Your baby will be able to sense if you are feeling uptight or nervous, so try to relax.

② *Comfortable*

Sit up straight and use pillows to make yourself as comfortable as possible. As you are learning to breastfeed, turn off the ringer on the phone and place a "Please do not disturb" sign on your front door. It's important that you have no distractions.

③ *Close*

Hold your baby close to your body while nursing. Good positioning helps baby latch on and enables success.

Positions

Several positions work better than others for chestfeeding/breastfeeding – for both you and baby. Switching between these different positions will prevent the baby from latching onto the same pressure points on your nipples and will help with more complete breast-draining throughout the day.

Your position. When nursing your baby, make yourself comfortable. Sit up straight and relax your shoulders. Use a chair with arms if possible for extra support – or rest them on pillows. Place a pillow behind your back if that makes you more comfortable. Make your lap as flat as possible and place a pillow on it to support the baby. You can place additional pillows at your side to help support the baby, too.

Preparing for nursing

Healthcare professionals have differing opinions about how mothers and gestational parents should prepare their breasts and nipples for nursing. Talk with your care provider and gather as much information as you can to determine what is best for you.

Here are a few suggestions to help you prepare for breastfeeding:

- ♥ During pregnancy, expose both breasts to the air every day for a few minutes.
- ♥ Avoid soap on the nipple and areola – this can cause dryness.
- ♥ Wear a good supportive bra during pregnancy.
- ♥ Be sure to adjust your bra size as needed toward the end of your pregnancy. Some need a bra that is one or two cup sizes larger during the last weeks.
- ♥ Be careful about wearing underwire bras. If ill-fitting, these bras can place pressure on the ducts and cause a blockage.
- ♥ Allow your breasts to air dry after the shower and if you are leaking colostrum.
- ♥ Use breast pads if you are leaking colostrum. Do not use a feminine pad inside your bra, as these do not allow enough air flow.
- ♥ Get help purchasing a well-fitting nursing bra.

Baby's position. Place your baby on his or her side facing you, so that you are tummy to tummy. Make sure your baby's ear, shoulder and hip are in a straight line – it will be easier for your baby to suck and swallow if he or she doesn't have to turn the head.

Cross-cradle. Hold your baby in the arm on the opposite side you will use to nurse. Position yourselves tummy to tummy. Support your baby's body with your forearm and the back of the head with your thumb and index finger.

The cross-cradle and football positions are best when:

- You have a sore abdomen from a Cesarean section
- You have large breasts
- You are learning to breastfeed

Football (under the arm). Place pillows at your side to prop your baby up under your arm so that the head is at the level of your breast and the nose is right in front of your nipple. Support the back of the head with your thumb and index finger, and support the body with your forearm.

Cradle. Hold your baby in the arm on the same side as the breast you will use to nurse. Cradle the head on your forearm near your elbow with the nose directly in front of your nipple. Support the back and bottom with your forearm and hand.

Side-lying. Lie on your side with your head and neck propped comfortably on a pillow. Place pillows against your back if that makes you feel more comfortable. Place your baby in front of you, lying on his or her side, so that you are tummy to tummy. Your baby's face should be level with your breast, with the nose directly in front of your nipple.

Latching on. Getting your baby to latch on correctly is important for successful breastfeeding. The baby must open his or her mouth wide enough to get a good amount of your areola inside. If the baby latches onto just the nipple, he or she will get a limited amount of milk and you are likely to become sore.

Colostrum

The first milk that your breasts produce is called “colostrum.” Some mothers and gestational parents see drops of this fluid on their nipples during pregnancy – your breasts are fully capable of producing milk after 16 weeks of pregnancy.

Your baby will receive colostrum for a few days after birth, until you begin producing higher volumes of milk. Colostrum is often called “liquid gold,” because it is so beneficial to newborns and has a yellowy-clear color.

Colostrum provides your baby with:

- High amounts of protein
- A laxative effect to help clear the baby’s digestive tract
- Help with loosening mucus in the digestive tract
- Protection against disease by passing on antibodies and passive immunities
- A protective coating for the stomach and intestines to keep away invading organisms

Let-down

Each time you nurse, your body releases, or “lets down,” your milk so it is easier for your baby to feed. Let-down can take a few minutes, especially in the first few days as your body is adjusting. Once you and your baby develop a breastfeeding rhythm, let-down is likely to occur in just a few seconds.

Some do not feel anything as their milk is let down. Others may experience the following sensations:

- Tingling in the breasts or nipples
- Warmth in the upper body
- A full feeling in the breasts
- Emotional upsets, fatigue and tension can slow the let-down response. Take a deep breath before sitting down to nurse your baby, and try to relax.

You may experience let-down even when you are not breastfeeding, such as when:

- Your baby cries
- You think of your baby
- You smell a baby or baby products
- You see another baby
- You massage your chest gently, such as when you are getting ready to use a breast pump

Your nipples

Take time to observe your nipples. Flat or inverted nipples can make breastfeeding difficult. When you pinch or stimulate your nipples, they should stand erect and not lie flat or be drawn inward. If you suspect you may have flat or inverted nipples, talk with your care provider or lactation consultant.

Supply and demand

Milk production is regulated by supply and demand. The more milk your baby drinks, the more you will produce. The less your baby drinks, the less that you will produce.

Feeding frequency and techniques

Most babies need eight to 12 feedings in a 24-hour period. Your baby will most likely request a feeding every one to three hours, with one four- to five-hour stretch per day.

Occasionally your baby may want several feedings in a row. It’s important to go ahead and feed your baby whenever he or she requests it. Each of these clustered feedings counts toward the day’s total.

In the first couple weeks of life, your baby might be very sleepy. He or she may not request feedings frequently enough, so you will need to be more actively involved in determining when to feed.

- Watch for hunger cues such as lip smacking, mouth opening and putting the hands up to the mouth.





How long to nurse

When you begin to nurse, listen for successful sucking. It may be difficult to hear your baby's swallowing at first. It sounds like a soft "ca-ca" or soft expiration. When larger volumes of milk come in, you will definitely hear the difference between sucking and swallowing.

Feed your baby until he or she shows signs of being full:

- Self detachment
- Sucking less vigorously
- Sleepiness

Offer both sides. It's important to offer both sides to your baby when feeding in order to stimulate milk production evenly. Switching sides midway through a feeding also helps to keep your baby interested and awake.

If your baby prefers to take only one side during each feeding, be sure to switch sides from one feeding to the next. To help keep track of which side to offer first, place a safety pin on your bra strap or shirt of the side you need to start with next.

Burping. It's important to burp your baby when you are switching breasts and when you are completely finished feeding. Burping helps get rid of any air the baby has swallowed. Not burping can cause tummy upset and crankiness.

To remove your baby from your breast while feeding, gently insert your finger into the corner of your baby's mouth and slide it across your nipple to break the suction. Do not pull your baby off the breast. This can be painful and may cause your nipples to become sore and cracked.

Position your baby so that his or her belly receives gentle pressure:

- Over the shoulder
- Lying belly-down across your lap
- Sitting in your lap with chin supported

Pat the baby's back or stroke softly with an upward motion. Sometimes your baby will not burp – this is perfectly fine. It just means that your baby didn't swallow much air while eating. After a few minutes, resume feeding or whatever activities you are doing next.



If you have concerns about your baby's eating habits, talk with your baby's care provider.

Sometimes a trip to the office for a weight check can make you feel better. Weight gain is an important sign that baby is feeding properly.

How do I know my baby is eating enough?

Because it's difficult to gauge how much milk your baby is taking in, you may wonder whether he or she is getting enough to eat.

A few clues can help:

- Your baby should be eating every one to three hours during the day.
- Make sure your baby sleeps no longer than three hours between feedings during the day.
- Time feedings from the start of one to the start of the next.
- Make sure your baby has only one four-hour stretch of sleep at night during the first week.
- Keep close tabs on your baby's diapers. You should see one wet diaper in the first 24 hours of life, two on the second day, three on the third, and five to six wet disposable diapers or eight cloth diapers per day once your milk is in greater supply.
- Your baby's first stools are called "meconium," and they will be thick, greenish-black and sticky. Your baby will pass meconium for the first few days.
- Your baby's stool will change to a mustard yellow color, with a runny or seedy texture, once your milk is in greater supply. You'll see three to four dirty diapers per day in the first month, and sometimes small amounts after each feeding.

Other positive signs that your baby is eating well include:

- You can hear your baby swallowing
- Your breasts are obviously less full after feeding
- Your baby is satisfied and falls away from the breast after feeding

Breastfeeding concerns

It's important to take care of your breasts while breastfeeding to help avoid certain uncomfortable conditions.

Engorgement. A few days after the birth, your breasts may become heavier as blood flow increases to the area, breast tissue swells and your milk comes in. People experience this sensation in their own way. Your breasts may feel swollen and uncomfortable during this time. You may also feel a throbbing sensation or discomfort as your milk is released. You may feel just a little bit fuller, with no discomfort at all.

After 24 to 48 hours, your breasts should feel better. It's important not to let yourself become engorged again after this initial period. Engorgement sends signals to your brain to stop producing milk. If your baby refuses to eat or you have to skip a feeding, then pump or manually express your milk. If you just wait to feed your baby later, you will see a significant decrease in your milk production and then you may not have enough as your baby begins to eat more.

Engorgement typically can be caused by:

- Less frequent feedings
- Skipping feedings
- Baby not latching on properly
- Baby not being alert while feeding or not feeding vigorously

Here are some tips for helping with discomfort when your breasts are engorged:

- ♥ Pump or manually express your milk before feeding to soften your breasts and nipples. Your baby will not be able to latch on if your nipples are too hard.
- ♥ Wear a comfortable bra, even at night – just make sure it isn't too tight so as not to suppress milk production.
- ♥ Apply warm washcloths to your breasts or stand under a warm shower to help with let-down.
- ♥ Nurse frequently.
- ♥ Apply cold washcloths to your breasts after nursing to relieve swelling and soothe discomfort.

Sore or cracked nipples. Your nipples may become sore or cracked if your baby is having trouble latching on. You can also develop these issues if your baby's position is not quite right. Try to make some adjustments in your feeding techniques.

Do not abruptly remove your baby from the breast. It's important to gently break the suction with a finger before taking the baby away. Extremely dry tissue can also cause cracking. Dab some expressed milk onto the cracked area and let it dry.

If you still have sore nipples, consult a lactation specialist. For cracked nipples, you may be able to use lanolin for soothing and moisturizing. Wear breast shells in your bra to further protect the area. Breastfeeding should feel good – it should not hurt.

Blocked ducts. Sometimes a milk duct in your breast can become blocked. Blocked ducts feel like pea-sized or larger lumps under the skin in the main part of the breast. These lumps are usually sore to the touch.

Blocked ducts can be caused by the following:

- Change in frequency of feeding or skipped feedings
- Nursing from only one breast
- An over-abundant milk supply
- Heavy breasts that are not well-supported
- A tight bra or underwire that puts pressure over a duct
- Nursing in the same position every time you feed
- Previous breast surgery

Here are some tips for relieving the discomfort of blocked ducts:

- Stand under a warm shower or apply warm washcloths to the area.
- Feed your baby frequently.
- Hand express or pump your milk gently after each feeding.
- Massage the lumps toward the nipple while nursing.
- Place the baby in a position with his or her chin facing the blockage.

Mastitis. If you are not able to unblock a duct, it can become inflamed and possibly infected. This condition is known as "mastitis," and must be treated immediately.

Treatments usually consist of the same treatments used when the ducts are first blocked, plus:

- Plenty of rest
- Lots of fluids
- Antibiotics – if infection is present

Be sure to let your baby's care provider know if you begin taking antibiotics while you are nursing.

Diet considerations

When nursing, you may need about 500 extra calories per day. If you do not eat enough healthy foods, you will become fatigued. Your body will produce the milk your baby needs, so your baby will always get enough even if you are not eating enough to sustain the two of you.

During the first four weeks of your baby's life, milk production is not dependent on what you eat. During this period, your body relies on the fat produced during pregnancy to create milk.

While nursing, you are also likely to get very thirsty because your body is using the fluids in your system to produce milk. Pay attention to how you feel and drink accordingly. It's not a bad idea to always get a glass of water to sip while you are nursing. This habit ensures that you are getting at least six to eight glasses per day.

No foods are universally restricted from your diet, but your baby may be sensitive to certain foods. Your baby might have digestive issues, gas or a diaper rash. Try to keep track of what foods you eat just prior to these kinds of problems. The foods you eat will pass through your milk within four to 24 hours.

If you think dairy is causing problems, it could take a couple of weeks after you stop eating it before your baby is no longer bothered.



Pumping and storing



While you are breastfeeding/chestfeeding, you may have any number of reasons to pump and store your milk.

- ♥ For babysitters to use while you are out
- ♥ Returning to work
- ♥ For helping relieve breast engorgement

Here are some tips for pumping your milk successfully:

- ♥ Learn to use your pump before you actually need to use it.
- ♥ Massage your breasts and stimulate your nipples to release your milk. It may be helpful to think about or look at a picture of your baby.
- ♥ Pump in the morning if possible, when your breasts tend to have the most milk.
- ♥ Pump every two to three hours for 15 to 30 minutes when you are away from your baby.
- ♥ Be patient with yourself as you are learning what works best for you.
- ♥ Human milk will look thin and watery, and the color may change from day to day depending on what you eat.

Here are some tips for storing your milk successfully:

- ♥ Put your milk in clean milk bags, glass bottles or flexible, milky-colored plastic, usually called “polyethylene” or “polypropylene.”
- ♥ At first, place only two or three ounces in each container. Small amounts are easier to freeze and thaw. As your baby gets older, he or she will eat more and you can put more into each container.
- ♥ Keep your milk in a cooler with ice, in the refrigerator or in the freezer.
- ♥ If you are freezing your milk, leave a little space at the top of each container because it will expand as it freezes.
- ♥ Write the date you pump your milk on each container and always use the oldest milk first.
- ♥ Stored milk looks different than fresh. Shake the milk gently before feeding it to your baby.
- ♥ When you are ready to feed your baby stored milk, you will need to warm it up.
- ♥ Put frozen milk in the refrigerator overnight to thaw.
- ♥ To warm, put the bottle of milk or milk storage bag in a bowl of warm water.
- ♥ Do not thaw or warm milk in the microwave – this can create hot spots in the milk that will burn your baby’s mouth.



Tips on pumping and storing your milk are for healthy, full-term babies.

If your baby was born early, talk with your provider about breastfeeding/chestfeeding.

Breast pumps

The market offers many great breast pumps that can give you more flexibility and support you in your desire to breastfeed your baby. Check with your hospital or lactation consultant about breast pump rentals for shorter periods of time.

Bottle feeding your baby. Some babies develop what is known as “flow preference” if bottles are introduced too early. It’s best to nurse your baby at the breast until you have established a good breastfeeding relationship.

Supplemental feeding of water or formula is not necessary, unless advised by your care provider for some specific health reason.

Feeding your baby formula. Many formulas on the market today are perfectly safe and nutritious for your baby. These options are great for people who cannot or choose not to breastfeed their babies.

Breast reduction surgery with nipple relocation can affect milk production. Some women can still breastfeed successfully, and some benefit from using a supplemental device.

All medications you take will transfer through your breast milk to your baby. It’s important to let your care provider know about all medications you are taking – including antibiotics, antidepressants and cancer treatment medications – so that together you can determine if breastfeeding is right for you.

Work with your baby’s care provider to determine which formula is best and how much to feed your baby. Your baby will probably want to eat every two to four hours.

If you choose not to breastfeed, you may still feel a milk surge right after your baby is born. Your breasts may feel heavy and uncomfortable for about 24 to 48 hours. Wear a snug, supportive bra and apply ice packs for 20 minutes at a time every three to four hours to help with the swelling. Do not stimulate your breasts during this time, as it may increase milk production.

Here are some tips for successful bottle feeding:

- ♥ Make sure you have plenty of bottles and nipples on hand so that you are not searching for clean ones when you need them.
- ♥ Use a bottle brush to get all of the little parts of the bottles clean. Always double-check bottles and nipples before using.
- ♥ Wash the top of the formula can with soapy water and then rinse well before opening it.
- ♥ Always check the formula can before you open it – you may have thought you purchased “ready to feed” but it is actually “concentrate.”
- ♥ Check the expiration date on the container.
- ♥ If you cannot prepare a full can’s worth of bottles at once, cover the can of formula and store it in the refrigerator. Be sure to use the rest within 48 hours and throw it out if you cannot use it that quickly.
- ♥ Check the temperature of the formula before feeding your baby. You will gradually learn what temperature your baby prefers.
- ♥ Warm the formula by holding the bottle under warm tap water.
- ♥ Never microwave formula – it can create hot spots that will burn your baby’s mouth.
- ♥ Tilt the bottle to check the nipple hole. If formula runs out, the hole is too big. Throw that nipple out. The formula should drip from the tilted bottle with ease. If your baby seems dissatisfied when you feed, the hole may be too small.
- ♥ Never prop the bottle in your baby’s mouth and leave him or her unattended – this could result in choking.
- ♥ If your baby does not finish a bottle of formula, throw the rest away. Bacteria from the saliva in your baby’s mouth will be transferred back into the bottle during feeding. These bacteria can grow very quickly and be unhealthy for your baby.



How long can you store breast milk?

	Room temp. (70°F)	Refrigerator	Freezer
Fresh breast milk	5 hours	5 days	3 to 4 months
Thawed (defrosted) breast milk	Use within one hour of thawing	Use up to 24 hours after thawing	Do not refreeze thawed breast milk

Returning to work

Returning to work after you have a baby can be empowering. It allows you to continue developing your career and independent life apart from your role as a parent. It does not mean you have to stop breastfeeding, however.

- Pump your milk during the day while you are away.
- Breastfeed when you are with your baby and gradually wean to pumped milk – or formula if necessary – fed from bottles.
- Eventually wean your baby completely, though continue to breastfeed your baby at least once a day for nutrients and comfort.
- Ask your employer about breastfeeding policies.



The choice is yours

How you feed your baby is your choice. Millions of healthy babies have been raised using both techniques. It's important that you feel comfortable with your feeding method. **Do what is best for you – not what others want you to do.** Whichever method you use, take the time to enjoy feeding your baby. It's a great time for you to get to know your baby and for your baby to get to know you.



Taking care of yourself

The days and weeks after the birth of your baby can be exhausting and overwhelming. The job of learning to care for your new baby is demanding, but you also need to take care of yourself. Your body needs time to recover from the birth. Work with your partner or support person as a team. Listen to your body. Every person experiences postpartum in their own unique way.

Your body after birth

You will experience many physical sensations and changes as your body heals from the birth. These changes will be different for every person, but some are more common than others.

Vaginal bleeding. After you give birth, your uterus gradually shrinks down to its pre-pregnancy size. You are likely to experience bleeding for several weeks. During the first one to three days, the bleeding might be like a heavy period. Over the next five to seven days, it will change to a pink-brown color and begin to decrease in amount. You will continue to have vaginal discharge for a few weeks.

If your bleeding becomes very heavy (soaking one pad in an hour) or you pass clots larger than the size of an egg, let your care provider know. This can happen when you increase your activity level.

Your perineum. Small tears toward the back of your vaginal opening are common during delivery. These can cause pain and swelling for some. It is important to keep this area, known as the “perineum,” clean and well cared for to avoid infection.

Ice packs can help reduce swelling during the first day after giving birth.

Fill a clean squirt bottle with warm water and spray the area outside of your vagina every time you use the bathroom. Continue with this spraying until you no longer have postpartum vaginal bleeding or discharge.

Sitz baths can help decrease pain and encourage healing. These portable, warm-water containers fit right on your toilet seat and are a convenient way to sooth the area. Soaking in four to five inches of warm water in a clean bathtub is also great.

Things to avoid while caring for an inflamed perineum include:

- Bubble baths and other bath products, as they might increase irritation
- Feminine hygiene sprays
- Douching
- Tampons
- Sexual intercourse

Constipation and straining during bowel movements can further irritate the perineum after you have given birth.

Here are some tips to avoid constipation:

- Get regular exercise, such as walking.
- Eat a balanced diet, including plenty of fiber.
- Drink lots of water.
- Take a stool softener if necessary – especially if you have hemorrhoids or had them before the birth.

If you go for three days without a bowel movement, contact your health provider.

After pains. During the six weeks following birth, your uterus will shrink back to almost the size it was prior to pregnancy. As it’s shrinking, you may at times experience mild abdominal cramping or muscle discomfort. Talk to your care provider if you feel that pain medication would be helpful.

Back pain. Many pregnant women experience back pain during the second trimester as their bellies get larger and put more strain on the back.

Here are some tips to alleviate back pain:

- Get plenty of regular exercise.
- Wear low-heeled, comfortable shoes.
- Avoid standing for long periods of time.
- Use warm and cold packs to comfort the area.
- Wear a pregnancy sling or girdle.
- Rest in a hands and knees position several times per day.

Ligament pain. As your baby grows and your body changes, you may notice some new discomforts. One common discomfort, called “round ligament pain,” can cause your side or groin to be uncomfortable. This pain may occur when you move suddenly. To avoid round ligament pain, try moving more slowly to allow your ligaments to stretch gradually.



If you were not planning on the procedure, you may have feelings of disappointment; so you may have some emotional healing as well.

Remember that this is still a birth, and you are not a failure.

Post-operative recovery following a Cesarean birth

Since a Cesarean birth is major surgery, the recovery period will take longer than a vaginal birth.

If you have an epidural or spinal block, you will be feeling great right after the surgery. As soon as you start to get your feeling back in your toes and legs, ask for pain medication and “catch” the pain before all the anesthesia wears off. By taking pain medication you will be able to move around easier and enjoy your little one.

The sooner you get up and move around, the faster you will heal, and the better you will feel. Your nurse will have you sitting up on the side of the bed, then out of bed in a chair. Before you know it, you will be walking in the halls!

A Foley catheter is inserted during surgery to keep your bladder empty. This will be removed the first morning after surgery. IV fluids are left in until you are taking and tolerating fluids on your own.



Symptoms to watch out for

If you experience any of the following conditions, contact your healthcare provider:

- Lower leg pain, tenderness or warmth
- Back pain
- Frequent urination or difficulty urinating
- Burning sensation when urinating
- Inability to urinate
- Sudden onset of pain or pain not relieved with medication
- Foul-smelling vaginal discharge
- Redness, increased pain, swelling or foul-smelling drainage from your Cesarean incision
- Temperature of 100.4 degrees or higher
- Continued heavy bleeding (soaking one pad or more per hour)
- Passing blood clots larger than an egg, followed by heavy bleeding
- If breastfeeding: cracked or bleeding nipples
- If breastfeeding: Tenderness and red, warm, swollen areas on the breast, especially if combined with fever or flu-like symptoms
- Depression, anxiety or inability to cope
- Thoughts of harming yourself or your baby

Coughing and deep breathing are important post-op treatments. It is uncomfortable to take a deep breath. Therefore, you tend to take shallow breaths. Hold a pillow over your incision and put pressure on the pillow with your hands. Take a big breath in, blow out, and then cough or clear your throat. This will help to expand your lungs and loosen mucus that may have developed.

Expect to have some vaginal discharge following a C-section. If you start to have any active or bright red bleeding (more than a heavy period), passage of clots, a foul-smelling discharge or a fever, call your healthcare provider immediately.

The normal post-op hospital stay is 48 to 72 hours. Discharge instructions for going home will be thoroughly reviewed with you by your nurse and provider. Once you get home from the hospital, if any questions arise do not hesitate to call your healthcare provider.

Supporting your body after birth

Diet and nutrition. Eating healthy foods will help you recover from the birth. A balanced diet is important if you are lactating – all of the vitamins and minerals that you consume are transferred to your baby through your milk.

While breastfeeding, drink plenty of fluids every day and continue to take your prenatal vitamins.

Eating a balanced diet of whole foods is supportive for your healing body. Dieting for weight loss is not recommended for at least six weeks after your delivery and not at all if you are breastfeeding.

Exercise. Returning to your normal exercise routine may take some time after giving birth. Start simple and increase the amount of exercise you do each week. Talk with your care provider before beginning a more vigorous program. Give your body time to adjust and heal – especially if you have had a Cesarean section.

Having your period again. If you are not lactating, it's possible that you will have a period as early as four to six weeks after birth. If you are lactating, you might not have a period for several months. During this time, you may ovulate, however, which means you could get pregnant. Talk with your care provider about birth control options if you do not want to get pregnant right away.

Sexuality. Most healthcare providers suggest that you wait until after your first follow-up visit before having sexual intercourse. Your provider will make sure you are healing well and will discuss birth control options at this time.

Many women and birthing parents experience a decrease in sexual drive for a few months after the birth of a baby. Fatigue, soreness and the adjustment to caring for an infant 24/7 can contribute to this change.

Vaginal dryness is also common after having a baby. It may be necessary to use a lubricant for up to six months postpartum. This dryness can last longer if you are breastfeeding because of hormonal changes. Also while breastfeeding, your breasts may feel “less sexual.”

All of these feelings and changes are perfectly normal, so allow yourself time to adjust. It's important to communicate with your partner about what you are experiencing. Honest communication about your feelings and needs during this time is likely to bring you closer together. Snuggling, touching and massage is a great way to relax and express your love for one another without intercourse.

Postpartum depression

Some people feel pretty emotional after they give birth. Extreme fatigue and anxieties about your new role can lead to the “baby blues,” making you feel upset and moody, but this normally fades after a few days.

Sometimes these feelings become more severe and last longer, turning into postpartum depression.

Symptoms include:

- Loss of appetite
- Crying spells
- Feelings of hopelessness or loss of control
- Too much concern or no concern for the baby
- Fear of touching the baby
- Little or no concern about your own appearance
- Inability to sleep or sleeping more than usual

Postpartum depression is most likely caused by a combination of abrupt hormonal changes, dramatic emotional responses to the adjustment of parenting, and lifestyle situations such as the responsibility of caring for older siblings, difficulty with breastfeeding or lack of support from a partner.

If you feel you may be experiencing postpartum depression, contact your healthcare provider. It's important to know that these symptoms do not mean you are a bad mother and are not signs of weakness. Treatment varies for each individual. Medication, counseling and sometimes hospitalization can help get you back on the road to feeling good and enjoying your new baby.





Taking care of baby

You're home with your baby – now what? Your job is to care for your little one around the clock. Some parents are overwhelmed by all there is to learn during this time. Just remember, your empathy, instincts and common sense will help you know what he or she needs in a variety of situations. All babies are unique individuals, but most have certain common physical traits, needs and behaviors. Understanding these normal states – as well as certain warning signs – can calm your anxiety and prepare you for taking care of your baby.

Your baby's body

You are likely to spend countless hours getting to know your baby's body. New parents typically have tons of questions, and the slightest change may cause alarm. Your baby will indeed be changing from day to day, but many of the physical traits you see will be quite normal.

The following is a list of things you might expect:

Eyes. Your newborn's eyes may be swollen shut after the birth because of the pressure during delivery. Usually this swelling disappears after a few days.

Soft spots. All babies have two soft spots on their head. These areas are where the skull has not yet fused together. The soft spot in the back usually closes up after two to six months. The soft spot in the front usually closes up by 18 months of age. A tough membrane covers the soft spots and normal care and handling, such as shampooing or combing, will not harm your baby.

Breasts and nipples. Sometimes breasts and nipples in both boys and girls can be enlarged because of mom's hormones. They may also leak a little milk-like substance, known as "witch's milk," for up to two weeks.

Skin. Before birth, a white coating called "vernix" protected your baby's skin. Once the vernix is washed off, the skin may peel as it's exposed to air. This is normal. Babies do not need powders, lotions or oils to keep their skin smooth. Use only mild soaps and skin-care products made especially for babies.

Milia. Your baby may have little yellow-white spots on the nose, upper lip, cheeks and forehead. These spots are called "milia" and are caused by enlarged oil glands. No treatment is required, and they will disappear on their own.

Jaundice. If your baby experiences a buildup of a substance called "bilirubin," his or her skin and whites of the eyes may turn yellowish. Bilirubin is a normal substance produced in our blood as old cells break down. It is usually processed by our livers and eliminated.

Many babies experience excess bilirubin during the first week of life as their body adjusts to being outside of the womb. Your baby's care provider may order a special blood test to determine if the level of bilirubin is too high.

Blood is collected from your baby's heel, and if the level is too high, phototherapy treatment may be required. This treatment involves laying under a special light that will help your baby's body process the bilirubin. Additional feeding also may be necessary to help your baby process the bilirubin more quickly.

Caring for your new baby

Newborns have a few specific needs, most of which can be responded to with common sense:

Bathing. You do not need to bathe your baby every day. Every two to three days is enough if the face and diaper areas are kept clean more regularly. When bathing your baby, be sure to keep the room warm and free of drafts. The water should be warm, but not hot to the touch.

Umbilical area. Keep the belly button area clean and dry. The umbilical cord stub will fall off in a couple of weeks. Notify your care provider if the cord has a bad smell, becomes red or bleeds.

Clothing. Dress your baby according to the weather or indoor temperature. It's a good idea to put your baby in one more layer than you are comfortable wearing. At night, try to avoid overheating. Dress your baby in light sleep attire, and keep the bedroom temperature comfortable for a lightly clothed adult.

Fingernails and toenails. Keep your baby's nails short to avoid scratches. The best time to trim them is when the baby is sleeping. Take care not to snip the skin when clipping them. Use an emery board to file them straight across and round the corners. Do not bite or tear your baby's nails as this can lead to infection.

Diapers. During the first week, you can expect one wet diaper for every 24 hours of life. For example, if your baby is three days old, he or she should have three wet diapers that day. By the time your milk comes in, you should see six to eight wet diapers each day, plus three or four dirty diapers. The first stool will be dark green-black and have a sticky consistency. The color will change to a light brown-yellow or yellow-green after a few days. Most babies need a diaper change after every feeding during the first six weeks of life.

Genitals. Baby girls sometimes have swollen genitals after birth, and a small amount of bleeding or creamy white mucus may come from the vagina. These signs are normal and caused by maternal hormones that passed to her via the placenta. When cleaning her diaper area, it's important to always wipe from front to back and to gently clean in between the folds of skin.

An uncircumcised penis is easy to keep clean. No special care is required. Simply wash the outside with water. Do not attempt to push the foreskin back – this may harm the penis and can cause pain and bleeding. The natural separation of the foreskin from the penis can take several years. By the time your son reaches puberty, he will learn to retract the foreskin and clean under it each day. If your son is circumcised, the doctor will give you instructions on the daily care. Healing is usually complete within five to seven days.



Temperature. If you are concerned that your baby has a fever, place a digital thermometer under your baby's armpit and hold the arm down against the torso. A normal temperature is between 97.7 and 98.6 degrees Fahrenheit. If your baby's temperature is 100.4 or higher, call your care provider.

Sleeping and sitting positions

- Sometimes babies develop a flat area on the back of the head from spending too much time lying on their backs or resting their heads against seats and chairs.
- Give your baby regular "tummy time" while alert. This avoids the flat head issue and helps baby develop shoulder strength.
- Change your baby's positions frequently when awake and asleep.
- When putting your baby down for sleep, turn the head to one side for a week, then change to the other side for the next week.

Typical newborn behaviors

In addition to what your baby looks like, you are likely to be equally fascinated by what your baby is doing. Below are some typical newborn behaviors – all totally normal and not worrisome.

Reflexes

Babies are born with three instinctive reflexes:

- **Moro or startle reflex.** In response to a loud noise or surprising movement, your baby's arms and legs will extend outward and then move back closer to the torso. Sometimes the baby will cry after this movement.



Sleep

Babies need about 15 hours of sleep a day for the first month or so. It's important that babies eat frequently, so if your baby sleeps for more than three hours at a time, wake him or her up for feeding.

Babies go through various cycles of sleep and alertness. Understanding these cycles will help you know when it's best to feed your baby:

- ♥ **State 1 – deep sleep**
You may be unable to wake your baby for feeding. Your baby will have closed eyes, regular breathing and no spontaneous activity.
- ♥ **State 2 – light sleep**
You may be able to wake your baby to feed. Your baby will have closed eyes with rapid eye movement, irregular breathing and a low activity level.
- ♥ **State 3 – drowsy**
You may need to wake your baby up more to feed. Your baby may have open or closed eyes and a confused expression.
- ♥ **State 4 – alert**
This is a good time to feed. Your baby will have a bright look, perhaps focused on an object, and be expressing minimal activity.
- ♥ **State 5 – eyes open**
This is the best time to feed. Your baby will be reacting to voices and touches, and displaying lots of activity, such as thrusting of arms and legs.
- ♥ **State 6 – crying**
Settle your baby down before feeding. Crying can be a late sign of hunger. Your baby will be displaying too much activity and intense crying. It may be difficult to calm your baby.

- **Rooting or searching reflex.** When you touch a cheek, your baby will turn his or her face in that direction and search for whatever touched the cheek.
- **Suck reflex.** When you touch the inside of your baby's mouth, he or she will begin to suck.

Other normal behaviors

You may see your baby doing any of the following, but all of these behaviors are normal and not signs of illness or problems:

- Quivering chin or lower lip when preparing to cry
- Hiccups – just small, harmless spasms of the diaphragm muscle
- Sneezing – helps the baby clean the nose of mucus, dust, lint and milk curds
- Wet burps after feeding – it's normal for a small amount of milk to come up with a burp
- Straining or red face with bowel movements
- Yawning
- Crossed eyes – can be from immature muscle control and will improve as muscles get stronger
- Brick dust – reddish-orange discharge found in the diaper
- Passing gas
- Coughing – helps remove secretions from the air passages
- Irregular or noisy breathing – not unusual to occur in a content and comfortable baby who is not in distress



Call your baby's healthcare provider and go to the emergency room if your baby experiences the following:

- Drastic behavior changes
- Increased moodiness
- Excessive crying without a cause
- Extreme sleepiness
- Floppy arms and legs

Warning signs and symptoms

Much of what you see your baby experiencing will be perfectly normal. However, it's a good idea to understand what behaviors or conditions are more serious.

If you notice any of the following symptoms of illness, contact your baby's healthcare provider:

- Blue lips – dial 9-1-1. This is an emergency.
- Blue or pale skin
- Yellow skin or eyes
- Patches of white in your baby's mouth
- Poor eating or refusal to eat
- No stool for 48 hours
- Fewer than six wet diapers per day
- No urination within eight hours after circumcision
- Increased swelling, drainage or bleeding from circumcision
- Temperature less than 97 degrees Fahrenheit or higher than 100.4 degrees Fahrenheit
- Difficulty breathing
- Congested cough, runny eyes or nose
- Repeated vomiting that is forceful or projects several inches – spitting up and dribbling after burps is normal with babies
- Listlessness
- Excessive crying with no known cause
- Unusual or severe rash (other than prickly heat)
- Frequent bowel movements with excess fluid, mucus or foul odor

Your baby may not appear to be ill, but difficulty with feeding or digestion can lead to serious problems.

Call your baby's healthcare provider or your lactation consultant if you experience the following difficulties:

- Nursing fewer than eight times per day or nursing without truly eating (be sure to offer feeding every two to four hours around the clock)
- Fewer than four wet diapers in a day after the first few days of life and fewer than six wet diapers per day after the baby is seven days old
- Fewer than three or four stools per day after your milk comes in
- Watery or black stools
- Refusal to eat for more than eight hours
- Tiring or sweating during feeding

Immunizations

Certain vaccinations for infants and children are recommended by the U.S. Centers for Disease Control and Prevention (CDC). These immunizations help protect your baby from serious disease and illness. They also help prevent widespread outbreaks of serious disease.

The following table shows the CDC's recommended vaccination schedule for babies up to 18 months old:

Recommended immunization schedule (ages 0-18 months)										
Vaccine	Birth	1	2	3	4	5	6	12	15	18
Hepatitis B	HepB	HepB					HepB			
Rotavirus			RV		RV		RV			
Diphtheria, tetanus, pertussis			DTaP		DTaP		DTaP		DTaP	
Haemophilus Influenzae type B			Hib		Hib		Hib			
Pneumococcal virus			PCV		PCV		PCV			
Inactivated polio virus			IPV		IPV		IPV			
Influenza							Influenza (yearly)			
Measles, mumps, rubella								MMR		
Varicella								Varicella		
Hepatitis A								HepA (2 doses)		
Meningococcal										

Courtesy of the U.S. Department of Health and Human Services Centers for Disease Control and Prevention



Not all babies need all vaccines.

Ask your healthcare provider to explain what each immunization is for and help you make the best choices for you and your baby.



Keeping baby safe

Of course you want to protect your baby from harm. A few common household precautions can go a long way in making sure that your baby is safe.

Poison. Lock or “baby proof” all cabinets containing household cleaning products and medications. Keep poisonous houseplants away from children’s bedrooms and play areas.

Toxic plants include:

- Rhododendrons
- English ivy
- Lily of the valley
- Jasmine
- Holly
- Mistletoe



If you believe your child has come into contact with a poisonous product or plant, contact the **Poison Control Center** at **800-222-1222**.

Drowning.

- Never leave children alone around water.
- Don’t store water in buckets or in the bathtub.
- Keep the toilet lids down.

Airway obstruction. To avoid airway obstruction, be sure to have a tight-fitting crib mattress and remove all pillows and stuffed animals from the crib while your child sleeps.

- Place your baby on his or her back while sleeping.
- Remove small toys and objects from play areas.

Falls. Take furniture with sharp corners and edges away from play areas, block off stairs, and watch your child carefully as he or she is learning to walk.

Burns. Turn down the water heater temperature to below 120 degrees Fahrenheit. Avoid carrying or placing hot food or fluids near your baby.

Riding in the car. It’s great to get out and about with your baby. Be sure to follow the latest car safety recommendations to ensure a safe ride. Remember that children are always safer in the back seat.

- Use a rear facing car seat until your child is two or three years old.
- Never put a rear-facing car seat in front of an air bag.
- Children should use a booster seat in the back seat until they are four feet, nice inches tall or eight years old.
- Always read the child seat instruction manual before installing the seat in your car. The seat should fit your child and vehicle properly.
- Child seats should not be used if they are worn out or missing parts or installation/use instructions. Do not use a child seat that has been in an accident.

Infant emergencies

Most parents do not want to think about their baby in an emergency situation. While true emergencies are rare, it's still a good idea to be informed. The following information should give you the basics on how to avoid certain emergency situations and what to do if an emergency occurs.

If you have questions or concerns, be sure to talk with your baby's care provider.

Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) is the unexplained death, usually during sleep, of an infant under one year of age.

The cause of SIDS is unknown, but studies have shown the following precautions help reduce the risk:

- Put your baby down to sleep on his or her back.
- Use a firm mattress in a safety-approved crib.
- Do not place infants to sleep on waterbeds, sofas or other soft surfaces.
- Do not place pillows, sheepskin or comforters under your baby.

- Remove fluffy bedding and stuffed toys from the sleep area.
- Keep your baby's head and face uncovered during sleep.
- Avoid overheating during sleep.
- Use sleep clothing to keep your baby warm while sleeping, rather than blankets. If you do use a blanket, be sure to tuck it in around the mattress and bring it up no higher than the baby's chest.
- Do not smoke or let others smoke around your baby.

Shaken baby syndrome

Parenting is no easy task. Sometimes exhausted parents can become frustrated or angry when nothing seems to comfort a crying baby. In these moments, it might be tempting to act out physically against your baby. But please, do not shake your baby!

Shaken baby syndrome (SBS) results when a baby is shaken forcefully. Abrupt movement of the baby's head can cause bleeding and increased pressure on the brain. A baby's neck muscles are not strong enough and the brain is too fragile to tolerate strong motion.

SBS is one of the leading forms of child abuse and can cause brain damage, blindness, mental disability, paralysis, seizures, learning and speech disabilities, neck and back damage, or even death.



Avoid devices designed to maintain your baby's sleep position or to reduce the risk of rebreathing.

Many of these have not been safety tested and have not been shown to actually reduce the risk of SIDS.

Baby monitors also have not been shown to reduce the risk of SIDS.

If your baby is upset and you are at the end of your rope – after feeding, changing the diaper, adjusting clothing, gently rocking, cooing, singing – take a few deep breaths, try to think clearly and ask for help if you need it.

Here are some tips for how to handle these moments of frustration:

- Close your eyes and count to 10.
- Put the baby down in his or her crib and leave for a few minutes to pull yourself together.
- Ask a friend, neighbor or family member to take over for awhile.
- Give yourself a “timeout.”
- Do not pick up the baby until you feel calm.
- If you think your baby is ill, call your healthcare provider right away.

If you or another caregiver has shaken your baby – or even if you suspect someone has shaken your baby – seek medical help immediately. Go to the emergency room.

Signs of shaken baby syndrome include:

- Irregular, difficult or stopped breathing
- Extreme crankiness
- Seizures and vomiting
- Tremors or shaking
- No reaction to sounds or lifelessness
- Difficulty staying awake

Do not let fear, shame or embarrassment stop you from seeking help. Getting the proper medical treatment could save your baby’s life.

Choking

Babies tend to put everything into their mouths. Be mindful of what your baby is reaching for. If a small object gets lodged in your baby’s throat and your baby cannot cough it up, stops breathing or cannot cry, it’s critical to dislodge the object as soon as possible.

Here’s what to do if your baby is awake (responsive) and choking:

- Place your baby face down along your arm. Support the head by holding the jaw and make sure the head is lower than the body.
- With the heel of your hand, deliver five quick slaps between the shoulder blades.
- Turn the baby over onto the other arm, facing up.
- While supporting the head and body, use the other hand to deliver five downward chest thrusts using two fingers positioned a finger’s width below the nipple line. Make sure the head is lower than the body.
- If the object is still stuck in your baby’s throat, repeat with five back slaps and five chest thrusts until the object is dislodged or the infant becomes unresponsive.
- If your baby is unresponsive, begin CPR as outlined in the next section.
- Between giving puffs of air, look into the baby’s mouth to see if the object is visible. If you cannot see the object, do not attempt a blind finger sweep.
- Continue with CPR.
- Yell out, “Help! Someone dial 9-1-1!”

What is the period of PURPLE crying?

Learn more at: dontshake.org/purple-crying

P

Peak of crying

Your baby may cry more each week, the most in month 2, then less in months 3-5

U

Unexpected

Crying can come and go and you don’t know why

R

Resists soothing

Your baby may not stop crying no matter what you try

P

Pain-like face

Hold your baby close to your body while nursing. Good positioning helps baby latch on and enables success.

L

Long lasting

Crying can last as much as 5 hours a day, or more

E

Evening

Your baby may cry more in the late afternoon and evening

Child and Baby CPR

Although you hope you'll never use cardiopulmonary resuscitation (CPR) for a child or infant, it's important to know the steps so that you can help in the event of a cardiac or breathing emergency. And although you may have taken a class in child CPR, it's a good idea to keep the steps handy so that the information stays fresh in your memory. With our printable step-by-step guide, you can access the child and baby CPR steps anytime, anywhere. Simply print them up and place them in your car, your desk, your kitchen or with your other first aid supplies, then read over them from time to time to help maintain your skills.

Before Giving Child or Baby CPR

- 1** Check the scene for safety, form an initial impression, obtain consent from the parent or guardian, and use personal protective equipment (PPE)
- 2** If the child or baby appears unresponsive, check the child or baby for responsiveness (shout-tap-shout)
 - For a child, shout to get the child's attention, using the child's name if you know it. If the child does not respond, tap the child's shoulder and shout again while checking for breathing, life-threatening bleeding or another obvious life-threatening condition
 - For a baby, shout to get the baby's attention, using the baby's name if you know it. If the baby does not respond, tap the bottom of the baby's foot and shout again while checking for breathing, life-threatening bleeding or another obvious life-threatening condition
 - Check for no more than 10 seconds
- 3** If the child or baby does not respond and is not breathing or only gasping, **CALL 9-1-1** and get equipment, or tell someone to do so

Learn more at: [redcross.org/take-a-class/cpr/performing-cpr/child-baby-cpr](https://www.redcross.org/take-a-class/cpr/performing-cpr/child-baby-cpr)

Performing Child and Baby CPR

- 1 Place the child or baby on their back on a firm, flat surface**
 - For a child, kneel beside the child
 - **For a baby**, stand or kneel to the side of the baby, with your hips at a slight angle
- 2 Give 30 compressions**
 - **For a child**, place the heel of one hand in the center of the child's chest, with your other hand on top and your fingers interlaced and off the child's chest
 - Position your shoulders directly over your hands and lock your elbows
 - Keep your arms straight
 - Push down hard and fast about two inches at a rate of 100 to 120 per minute
 - Allow the chest to return to normal position after each compression
 - **For a small child**, use a one-handed CPR technique
 - Place the heel of one hand in the center of the child's chest
 - Push down hard and fast about two inches at a rate of 100 to 120 per minute
 - **For a baby**, place both thumbs (side-by-side) on the center of the baby's chest, just below the nipple line
 - Use the other fingers to encircle the baby's chest toward the back, providing support
 - Using both thumbs at the same time, push down hard and fast about 1 ½ inches at a rate of 100 to 120 per minute
 - Allow the chest to return to its normal position after each compression
 - Alternatively, **for a baby**, use the two-finger technique
 - Use two fingers placed parallel to the chest in the center of the chest
 - **For a baby**, if you can't reach the depth of 1 ½ inches, consider using the one-hand technique
- 3 Give two breaths**
 - **For a child**, open the airway to a slightly past-neutral position using the head-tilt/chin-lift technique
 - **For a baby**, open the airway to a neutral position using the head-tilt/chin-lift technique
 - Blow into the child or baby's mouth for about one second
 - Ensure each breath makes the chest rise
 - Allow the air to exit before giving the next breath
 - If the first breath does not cause the chest to rise, retilt the head and ensure a proper seal before giving the second breath. If the second breath does not make the chest rise, an object may be blocking the airway
- 4 Continue giving sets of 30 chest compressions and two breaths until:**
 - You notice an obvious sign of life
 - An AED is ready to use
 - Another trained responder is available to take over compressions
 - EMS personnel arrive and begin their care
 - You are alone and too tired to continue
 - The scene becomes unsafe
 - You have performed approximately two minutes of CPR (five sets of 30:2)
 - You are alone, caring for the baby you're performing CPR on, and need to **call 9-1-1**

Resources

American Red Cross

redcross.org

Main phone number: 800-RED-CROSS
(800-733-2767)

The ARC of the United States

thearc.org

Toll-free: 800-433-5255

National Center on Shaken Baby Syndrome

dontshake.org

Office: 801-447-9360

National Highway Traffic Safety Administration

nhtsa.gov

888-327-4236

National Institute of Child Health and Human Development (NICHD)

nichd.nih.gov

800-370-2943

Postpartum Stress Center

postpartumstress.com

610-525-7527

Postpartum Support International

postpartum.net

800-944-4773

Prevent Child Abuse America

preventchildabuse.org

800-244-5373

The Shaken Baby Alliance

shakenbaby.com

817-882-8686

ThinkFirst National Injury Prevention Foundation

thinkfirst.org

630-961-1400 ext 1

WellMama

wellmamaoregon.com





Questions?

Call: 503-402-5861

Email: maternitycare@modahealth.com

modahealth.com

