Your Guide to Life After Delivery

Start Smart for Your Baby®

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This book is available in other languages. Please call us for more information.

Your Body After Delivery

Be sure to see your doctor after you deliver for follow-up and ongoing care. These visits are called postpartum visits and are needed to make sure your body is healing after delivery.

Check With Your Doctor

Find out when you can resume having sex and doing other normal activities. If you had high blood pressure or diabetes before or during pregnancy, make sure you get screened during your postpartum visit!

Ask for Help

You just had your baby. It's good to ask for help! Your body has been through a lot, so be sure to take care of yourself. This will also help you be the best you can be for your baby.

Get some rest and ask for help with housework and heavy lifting. But make sure you don't spend too much time lying down. Gentle movement will help you heal more quickly. Walking also reduces your risk of having blood clots in your legs.

It is important to check your blood pressure in the first week after delivery. If you don't have a blood pressure cuff, call your health plan. We may be able to help you get one.

Call your doctor if your blood pressure is 140/90 or above.

Call 911 immediately if your blood pressure is 160/110 or above.

POSTPARTUM VISITS

Your first postpartum visit is important for your recovery and should happen within the **first 3 weeks after delivery.** If you had pregnancy complications or have a chronic health condition, your doctor may run extra tests.

Your last visit should be by 12 weeks after delivery. Talk to your doctor about the best schedule for your needs. Your insurance coverage may change after delivery, so be sure to check!

DISCOMFORT FROM NOT BREASTFEEDING

If you're not breastfeeding, your breasts may be sore and swollen until the milk stops coming in. This can take about a week or so. To ease some of the discomfort, wear a firm, supportive bra for 24 hours and use cold packs until your milk stops.

HEALING FROM A CESAREAN SECTION

If you delivered through cesarean section (C-section), you may have some soreness, numbness, or itching around your incision. This is normal and should improve over time. Use the pain relievers prescribed by your doctor. Remember to hold your belly when you sneeze or cough and use pillows for extra support while feeding your baby.

If your incision looks very red, is draining, or is getting more painful, there may be an infection. Call your doctor.

Your postpartum visits are very important to make sure your body is healing after delivery.

Here are some common symptoms you may experience as you recover from delivery and some tips on how to handle them.

SYMPTOM	WHAT TO EXPECT AND WHAT YOU CAN DO	WHEN TO CALL THE DOCTOR
Feeling tired	• Try to nap, eat, and shower when your baby is napping. • Eat a healthy diet and drink plenty of fluids. • Keep taking your prenatal vitamins. • Ask family and friends for help.	• You are so tired that you can't take care of yourself or your baby. • You have a temperature higher than 100.4° F.
Cramps	• This is expected for 7 days or longer. It may get more intense while nursing. • You can take a mild pain reliever like ibuprofen or naproxen.	• Severe cramping that is not resolved with pain medication.
Sore bottom and painful piles (hemorrhoids)	• Use a cold pack for the first 48 hours. • Take a sitz bath (soaking your bottom in a small plastic tub with warm water). • Use cotton balls or pads soaked in witch hazel.* • Use a spray bottle to wash your bottom several times a day. • Use over-the-counter ointments and creams like hydrocortisone.*	• You are having severe pain. • You have a lot of trouble with urination or bowel movements.
Bleeding and discharge from your vagina	• This is normal for the first few weeks after delivery.	• You pass blood clots larger than a golf ball. • You have severe vaginal bleeding that gets heavier.
Swelling, pain, and/or redness in your legs or calves	• It is normal to have some swelling. • You can lie on your left side when resting or sleeping. • Put your feet up. • Try to stay cool and wear loose clothes. • Drink plenty of water.	• If you have more swelling in one leg than the other, this could be a blood clot.

** You may be able to get these items at no cost with a prescription from your doctor.*

Know the Warning Signs

Most people recover from giving birth without experiencing serious problems, but anyone can have complications after delivery. Knowing the warning signs and what to do could help save your life. Visit your health plan website for more information.

Call 911 Immediately if You Are Experiencing:

- Chest pain.
- Shortness of breath.
- Seizures.
- Thoughts of hurting yourself or someone else.

Your Feelings as a New Parent

After delivery, many parents get a mild form of depression called "baby blues." You may be moody, irritable, and anxious. These feelings are usually temporary and resolve within 2 weeks. If you are feeling down one day and better the next, this is totally normal. You may feel like you should be happy after having a baby. Give yourself a break! This is a challenging time. There is nothing wrong with feeling emotional. Your body and your life are going through a lot of changes.

SIGNS OF POSTPARTUM DEPRESSION

Sometimes, feelings of sadness are severe and don't go away on their own. If you feel sad or worried more often than not, you might have postpartum depression. Below are some common signs of postpartum depression:

- Crying a lot.
- Withdrawal from family and friends.
- Loss of interest or pleasure in activities you used to enjoy.
- Weight loss.
- Feelings of worthlessness or guilt.
- Thoughts of death or suicide. **If you have these thoughts, call for help right away.**

If you answer yes to either of the following questions, you could have depression:

- During the past month, have you often been bothered by feeling down, depressed, or hopeless?
- During the past month, have you often had little interest or pleasure in doing things?

If you are having these feelings, reach out for help from your doctor, a friend, or your partner. There is support available to you. You can find our resources page in the back of this book.

HOW TO GET HELP

Postpartum depression can be treated with great results. There is help.

- If you are thinking of harming yourself or others, call 911 or the National Suicide Prevention Lifeline at **1-800-273-TALK (8255)** for help right away.
- Complete the Patient Health Questionnaire on your health plan member portal.
- Talk to your doctor about possible medications you can take to help lift the feelings.
- Many people find talking to a counselor can help. If you don't feel comfortable talking to a counselor, talk to a friend, a family member, or another parent you trust.

Vaccines for You and Your Baby's Caregivers

Babies are more likely to get sick from germs in their first 6 months of life. It is very important for new parents and your baby's caregivers to stay up to date on vaccines to keep your baby protected.

VACCINES YOU SHOULD GET

If you did not get vaccinated during your pregnancy, you may need the following:

- Flu vaccine.
- Tdap vaccine.
- Chickenpox vaccine.

THE FLU VACCINE

Since your baby cannot get the flu vaccine until they are 6 months old, the only way to protect your baby from serious problems is for you and those around your baby to get the flu vaccine.

Your baby's immune system is not fully developed at first, so your baby is more prone to severe illness from the flu, which can lead to:

- Pneumonia (a serious lung infection).
- Dehydration (when too much water is lost from the body).
- In rare cases, death.

These vaccines are safe for people who are breastfeeding!

THE TDAP VACCINE AND WHOOPING COUGH

You may have heard of pertussis, or whooping cough. This disease is very contagious and can cause pneumonia and serious breathing problems. Whooping cough can be deadly for infants. The Tdap vaccine protects against whooping cough, tetanus, and diphtheria. Since your baby cannot start their vaccines for these diseases until they are 2 months old, it's up to you to protect your baby.

THE CHICKENPOX VACCINE

Chickenpox is highly contagious to people who haven't been vaccinated. Babies cannot get this vaccine until they are at least 12 months old. You and your baby's caregivers may need to be vaccinated for chickenpox to protect them. Visit your health plan website for more information.

Other People Who May Need Vaccines

Make sure anyone who lives with or cares for your baby is vaccinated against the flu and whooping cough. All loved ones should get an annual flu shot. Anyone who hasn't previously received a Tdap shot should try to get one at least 2 weeks before interacting with your baby.

Birth Control and Family Planning

Now that you have delivered your baby, it's important to think about if or when you are going to have more children and the birth control you will use. This is called a reproductive life plan.

Using Birth Control While Breastfeeding

Breastfeeding can delay the return of your period, but you can become pregnant before it shows up. Make sure you start reliable contraception before you resume sexual activity.

Sexual Health

You can use condoms with another form of birth control. Condoms stop the spread of STIs, like HIV. There are many forms of condoms, and they are usually cheap (and sometimes free). Stay in control of your body and visit GetTested.cdc.gov to find free, fast, and confidential STD/STI testing.

CREATE A REPRODUCTIVE LIFE PLAN

Ask yourself these questions:

Would I like to have more children in the future?

How many children would I like to have?

How long do I want to wait before becoming pregnant again?

What birth control method do I plan to use until I'm ready to get pregnant?

How can I be sure I will be able to use this birth control method without problems?

CONSIDER WHAT FACTORS YOU SHOULD REFLECT ON BEFORE BECOMING PREGNANT AGAIN

Ask yourself these questions:

Do I feel mentally supported and physically healthy enough to be pregnant again?

Is there help available to stop smoking or misusing drugs before becoming pregnant again?

Do I have the financial resources to support another baby?

Does finishing school improve my and my baby's future?

Do I have supportive relationships to help me if I have another baby?

Now that you have thought about taking control of your reproductive life, the rest of this section will talk about safe forms of birth control that work.

Stay in Control

Life is full of transition, especially after you deliver. If you're worried about which birth control options will be available to you if you lose coverage, visit the resources page at the back of this book. These can help you stay in control of your body and your future.

In the U.S.,
it is estimated that
50% of pregnancies
are unplanned.

— The Shriver Report

Planning Ahead

There are many safe forms of birth control you can use to fit your reproductive life plan. ***It is best to wait at least 18 months before getting pregnant again.*** *Shorter periods of time between pregnancies increases risks for you and your future baby. Having the appropriate time between pregnancies can also help protect your future child from SIDS. Talk to your doctor about the best options for you and your planning needs.*

SHORT-TERM CONTRACEPTION

If you may want to have children within the next few years.

NAME	EFFECTIVENESS
Birth Control Shots (Depo-Provera)	94%
Vaginal Ring (NuvaRing®, ANNOVERA®)	91%
Birth Control Pills	91%

LONG-ACTING REVERSIBLE CONTRACEPTION (LARC)

If you know you don't want to have children within the next few years.

Sometimes these can be inserted in the hospital right after delivery.

NAME	EFFECTIVENESS
Birth Control Implant (NEXPLANON®)	99.95%
IUD	99.20%

PERMANENT CONTRACEPTION

If you know you don't want more children and prefer permanent birth control.

NAME	EFFECTIVENESS
Partner Vasectomy	99.85%
Tube Tying - Tubal Ligation	99.50%

If you'd like to learn more about these birth control options, visit your health plan website. You can learn more about potential side effects, when you can get pregnant next, and more.

PRODUCT DETAILS

Provide hormones that prevent pregnancy. You need to get the shot every 3 months. Typically stops periods temporarily. Some people gain weight from the shot.

A flexible, plastic ring you place into your vagina. It releases hormones that prevent pregnancy. You can put it in and remove it yourself. You will not feel it during sex. You need to replace it every 4 weeks.

Provide hormones that prevent pregnancy. Easy to use and very effective when taken correctly. You have to take them every day.

PRODUCT DETAILS

A small rod is placed under the skin of your upper arm and releases hormones that prevent pregnancy. Works for 3 years and is easily removed. You return to your regular cycle after it is removed. There is a potential for irregular bleeding, headaches, or acne.

A T-shaped plastic device that is slid into your womb to prevent pregnancy. A good choice if you do not want to have children for several years. Sometimes this can be inserted in the hospital right after delivery. Mirena®, Skyla®, and LILETTA® make your periods lighter. Paragard® has no hormones but can make your periods heavier.

PRODUCT DETAILS

The tubes that carry sperm out of your partner's testicles are cut. Great option if you only have one partner. This can be done under local anesthesia.

The tubes that carry the eggs to the womb are blocked. This procedure can sometimes be performed right after your baby is born. If you want to get your tubes tied, talk to your doctor before you deliver. In some cases, a consent form has to be signed at least 30 days before the procedure.

Tips for Breastfeeding

Choosing to breastfeed is one of the best gifts you can give your baby. In addition to being the best nutrition for your baby, it has some great benefits for you, too! Here are some tips to help you have a successful breastfeeding experience.

TAKE CARE OF YOURSELF

When you breastfeed, it is especially important to get plenty of rest, drink lots of fluids, and eat a well-balanced diet. Nursing takes some practice, but it is worth it. The longer you breastfeed, the greater the health benefits for you and your baby.

STAYING COMFORTABLE WHEN NURSING

It is important to get comfortable and support your baby in finding a good latch. You also can use pillows under your arms, elbows, neck, or back to give you added comfort and support. Keep in mind that what works well for one feeding may not work well for the next. Keep trying different positions until you are comfortable.

Some parents find that the positions on the next page are helpful.

THREE STEPS TO A GOOD LATCH

A good latch and positioning are important during breastfeeding. They also help prevent sore nipples and ensure your baby is getting your milk.

1. Support the breast when needed. Support with your thumb on top and four fingers underneath, making sure that all fingers are behind the areola (the darker skin around the nipple).

2. Make sure your baby's mouth is wide open. You can tickle their lip with your nipple to help get their mouth to open more.

3. Pull your baby in close and keep them close. They will take a large mouthful of the breast and be pulled in so that both their chin and the tip of their nose are close to or touching the breast. Don't worry, your baby will not suffocate! Babies are able to breathe while breastfeeding.

Cradle Hold

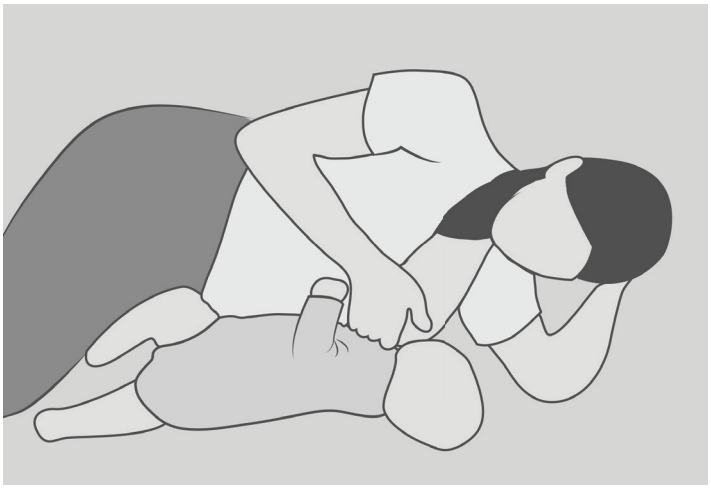
This is an easy, common hold that is comfortable for most parents and babies. Hold your baby with their head on your forearm. Their whole body should be facing yours.

Clutch or "Football" Hold

This is useful for people who had a C-section. It works for others with large breasts, flat or inverted nipples, or a strong letdown reflex (the reflex that releases your milk). It is also helpful for babies who prefer to be more upright. This hold allows you to better see and control your baby's head. It will also keep the baby away from a C-section incision. Hold your baby at your side, lying on their back. Their head should be at the level of your nipple. Support your baby's head with the palm of your hand at the base of the head (so that the baby is placed almost under the arm).

Cross-Cradle or Transitional Hold

This hold is useful for premature babies or babies with a weak suck. It gives extra head support and may help babies stay latched. Hold your baby along the opposite arm from the breast you are using. Support your baby's head with the palm of your hand at the base of their neck.



Side-Lying Position

This position is useful for people who had a C-section. It can help you get extra rest while the baby breastfeeds. Lie on your side with your baby facing you and pull your baby close. Your baby will be facing your body.

Reference: Office of Women's Health, U.S. Department of Health and Human Services. (2012). Learning to Breastfeed. Retrieved from http://www.womenshealth.gov/breastfeeding/learning-to-breastfeed.html

SIGNS OF A GOOD LATCH

- The latch feels comfortable to you and doesn't hurt or pinch.
- Your baby's chest is against your body and they do not have to turn their head while drinking.
- You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If your areola is showing, you will see more above your baby's lip and less below.
- You hear or see your baby swallow. Some babies swallow so quietly that a pause in their breathing may be the only sign of swallowing.
- You see your baby's ears wiggle slightly.
- Your baby's lips turn out like fish lips, not in. You may not be able to see the bottom lip.
- Your baby's chin touches your breast.

WHAT IS A LACTATION CONSULTANT?

A lactation consultant is a specialist trained to help parents with breastfeeding. The International Lactation Consultant Association can help you find a specialist in your area.

See the resource listed under Breastfeeding Support at the back of this book.

Benefits of Breast Milk for Baby

- Protects from gastrointestinal infections (vomiting and diarrhea).
- Decreases risk of ear infections, colds, and wheezing.
- Lowers chance of developing obesity, some cancers, diabetes, and other diseases.

Benefits of Breastfeeding for You

- Helps you recover from childbirth.
- Burns calories.
- Decreases risk of some cancers, osteoporosis, heart disease, and diabetes.
- Decreases risk of postpartum depression.

Breastfeeding Tip

If you can't tell if your baby's lower lip is out or if you feel their gums chomping on your nipple, press on their lower chin to gently nudge their mouth open and their lower lip out.

How To Take Care of Sore Breasts When Breastfeeding

Here are some symptoms you may experience when you begin to breastfeed and suggestions for how to handle them. Keep in mind these symptoms are usually temporary.

SYMPTOM	HOW CAN I PREVENT THIS?	HOW CAN I TREAT THIS?
Sore, dry, or cracked nipples	• Make sure your baby latches on and gets enough breast tissue in their mouth. This will create a tight seal. • Let your baby suck for as long as the sucking is strong. If your baby starts to doze or just nibble, stop the feed. Put your finger in your baby's mouth alongside your nipple to get your baby to let go. Don't just pull your baby off. • Rinse your nipples with water after nursing. Don't use soap. Leave your bra off or open so your nipples can air-dry for a short time.	• Apply cream with lanolin in it to the nipple after nursing. Only use creams or medicines your doctor tells you to use. Wipe this off before the next feeding.
Full, sore breasts	• Nurse or pump every 2 to 4 hours. • Make sure your baby nurses on each breast each time they feed. • Take a hot shower or put on a heating pad before feeding to help you release your milk. • Wear a supportive bra. Make sure it's not too tight.	• Take mild pain medicine like acetaminophen (TYLENOL®). • Place cold packs or a package of frozen peas on your breasts between feedings.

Breastfeeding Help

If you are having trouble with breastfeeding or your breasts, visit your health plan website or the resources page at the back of this book.

If You're Breastfeeding, Look Out for Mastitis!

If you have a sore, red, painful breast with chills, fever, and flu-like symptoms, you may have an infection called mastitis. Mastitis is caused by blocked milk ducts or when bacteria enters the breast. Mastitis needs to be treated with antibiotics. Call your doctor if you think you may have mastitis.

Your First Few Weeks at Home

Going home with a new baby can be overwhelming. Here are some great tips to help ease your worries about caring for your baby when you first get home.

WHEN SHOULD YOUR BABY FIRST SEE THEIR DOCTOR?

It is very important to take your baby to see their doctor within the first week after birth and again before turning 1 month old. Babies younger than 1 month old can get sick quickly.

If your newborn looks sick, has a fever, is feeding poorly, or is sleeping too much, call your baby's doctor right away.

WHAT SHOULD YOU DO ABOUT VISITORS?

You are going to be exhausted when you first come home from the hospital. Try to hold off on having visitors in the beginning if you can. It's OK to limit visitors or set a schedule. If you do allow visitors, make sure they wash their hands before they hold your baby. Babies' immune systems are not fully developed, so they get sick easily, which can be dangerous. If anyone is not feeling well, ask them to come another time.

Ask anyone who will be around your baby to get Tdap and flu vaccinations.

HOW OFTEN SHOULD YOU FEED YOUR BABY?

Babies normally eat 8 to 12 times per day and average 1.5 to 3 ounces per feeding for the first week or two. Feed your baby anytime they seem hungry. If you wait until they are crying, it is often harder to calm them down for the feeding.

Watch for the signs! Babies may smack their lips, stick out their tongue, move their head side to side, or put their hands in their mouth as a sign that they are getting hungry.

HOW DO YOU KNOW YOUR BABY IS EATING ENOUGH?

Weight gain is the number one way to tell if your baby is getting enough to eat. Your baby's doctor will check their weight at every visit. It is normal for babies to lose a bit of weight at first. They will catch up within a couple of weeks.

Watch your baby's diaper changes. You should be seeing at least 6 wet diapers and 3 to 4 poopy diapers per day.

WHEN CAN YOU GIVE YOUR BABY A BATH?

Babies should receive only sponge baths until their umbilical cord has fallen off, usually 1 to 2 weeks after birth.

HOW CAN YOU MAKE SURE YOUR BABY IS SAFE WHEN SLEEPING?

You should always put your baby on their back to sleep unless your doctor tells you not to. Use a crib or bassinet with well-fitting sheets. You and your baby should never sleep in the same bed. Never place your baby on sofas, waterbeds, or other soft surfaces.

Keep "stuff" out of your baby's sleep area. No soft objects, toys, pillows, loose bedding, or bumper pads. Check out what a safe sleep environment looks like on the next page and visit your health plan website to learn more.

Staying Healthy

Call your baby's doctor to schedule their well-child visits and your doctor to schedule your postpartum visits. Your baby's first visits should be within 1 week of delivery and no more than 30 days after birth. Your first postpartum visits are important for your recovery and should happen within the first 3 weeks after delivery. Your last visit should be by 12 weeks after delivery.

Call us to figure out your baby's healthcare coverage options!

How Can You Make Sure Your Baby Is Safe When Sleeping?

1. Make sure your baby's sleep area is in the same room, next to where you sleep.
2. Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle your baby.
3. Always place your baby on their back to sleep — for naps and at night.
4. Use a firm and flat sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.

- Do not put your baby to sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.
- Do not smoke or let anyone else smoke around your baby.
- Do not put pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers their head.

Source: https://safetosleep.nichd.nih.gov/resources/caregivers/environment/look

Safe Sleeping

Safe sleep is important for your baby's health. It can help protect your baby from sudden infant death syndrome (SIDS). SIDS is also known as crib death.

Risk Factors for SIDS Include:

- Sleeping position of the baby. Your baby should always sleep on their back unless your doctor tells you otherwise.
- Smoking during pregnancy.
- Premature birth.
- Being around secondhand smoke.

Feeding Your Baby

It's important to start your baby off right on the road to good nutrition. The American Academy of Pediatrics recommends that babies have only breast milk or formula during the first 6 months of life. Once your baby starts eating solids, continue breast milk or formula until at least 1 year of age.

FOLLOW YOUR BABY'S LEAD

Even immediately after birth, babies are good at letting you know if they are getting enough to eat. They will root (move their head when their cheek is stroked), smack their lips, cry, or put their hands in their mouth when they are hungry. Feeding your baby based on these cues is called feeding on demand.

Feeding Time

Each feeding should take about 10 to 20 minutes. Both breastfed and bottle-fed babies will need to have feedings throughout the day and night (every 2 to 4 hours) for at least the first month or two. You may notice some growth spurts when your baby will be hungrier and eat more often. Follow your baby's lead. They typically know how much food they need.

Avoid Overfeeding

Overfeeding can cause spitting up and may lead to obesity. Bottle-fed babies should take no more than 7 to 8 ounces at once or no more than 32 to 36 ounces in a day.

All Babies Are Different

Regular well-child visits will allow you to talk to your baby's doctor about their growth and feedings.

WHEN IS YOUR CHILD READY FOR BABY FOOD?

- ✓ They are at least 4 to 6 months old and 13 pounds.
- ✓ They can sit upright and hold their head up.
- ✓ They swallow food instead of pushing it out with their tongue.
- ✓ They put their hands or toys in their mouth.
- ✓ They show a desire for food by leaning forward and opening their mouth.

WHAT FOODS SHOULD YOU START WITH?

Make sure to start with one food at a time and try it for a few days before adding anything else. This gives you the chance to see if your baby has any problems like gas, diarrhea, vomiting, or a rash. You can use commercial baby food or make it yourself. Don't give your baby any food that could cause choking. Talk to your baby's doctor about what they recommend.

FIRST FEEDINGS

When you start solid foods, put a small amount on a spoon and offer it while your baby is sitting up. You can mix it with some breast milk or formula to keep it runny. Don't serve it from a bottle — that can lead to choking.

Women, Infants, and Children (WIC)

WIC is a special nutrition program for low-income families. WIC can provide you with free and healthy foods, nutrition education, and screening/referrals to other health services. WIC parents who choose to breastfeed receive an enhanced food package and are able to participate in WIC longer. Talk to your doctor, local health department, or health plan to learn more about WIC.

Facts About Formula

If you can't (or choose not to) breastfeed, formula is also a healthy choice! Talk to your baby's doctor about the formula that is right for your baby. If you choose a powder formula and plan to use tap water to make it, make sure your water supply is safe. Have your water checked for lead if you live in an older home or if you're worried about your water.

Mix formula from powder exactly as directed. **Do not add extra water to make it last longer. This can harm your baby.**

Caring for Your Baby

Holding your baby for the first time is a very special feeling. Even though you have been carrying your baby for 9 months, it will take time for you and your baby to get to know each other. In the coming weeks and months, you will learn what your baby needs to be happy, healthy, and safe.

WHAT TO DO WHEN YOUR BABY CRIES

Crying is a natural reaction for babies. They typically have 1 to 2 hours of unexplained crying scattered throughout each day for the first 3 months of life. If your baby is crying, make sure their basic needs are met. If they have been changed and fed and don't have a fever, try to soothe or comfort them.

WAYS TO COMFORT A CRYING BABY

- Hold your baby. You can't spoil them by holding them too much.
- Quietly talk or sing to your baby, play some music, or turn on a sound machine.
- Gently rock or walk around with your baby.
- Sucking helps calm babies, so try a pacifier. (It is fine to use for breastfed babies once breastfeeding has been established.)
- Wrap your baby snugly in a blanket with their arms inside. This is called swaddling.

Never Shake a Crying Baby

If you or your baby's caregivers are getting frustrated, calmly put your baby down in a safe place such as a crib. Call family and friends and say you need help. Go for a walk, read a magazine, or watch TV until you feel ready. Never shake a baby — their neck muscles are too weak to support their head, and this can be fatal.

WHAT TO DO ABOUT TEETHING

It is very important to start good oral care early. Once you see your baby's first tooth, you should clean it with a soft toothbrush and a tiny bit (rice grain size) of fluoride toothpaste twice per day. Most babies start getting teeth by the time they are 6 months old.

WHAT HELPS?

- Rubbing your baby's gums gently with a clean finger.
- Pacifiers or firm rubber teethers. (Some babies like them cold, but don't freeze them — they get too hard and can hurt your baby's gums.)
- Medications that you rub on gums don't usually work and can cause harm if the baby swallows too much.
- Talk to your baby's doctor if nothing is working. Teething may not be the cause of the symptoms.

SIGNS OF TEETHING

- Drooling.
- Fussiness.
- Biting hard on things.
- Swollen and tender gums.

PREVENTING CAVITIES

- Make your baby's first dental appointment when the first tooth appears and by their first birthday.
- Don't put your baby to sleep with a bottle of milk or juice. It can cause serious tooth decay called "bottle caries."
- Avoid giving your baby fruit juice, soda, and other sugary drinks. Sweet drinks can settle on teeth and cause decay.
- Talk to your baby's doctor or dentist about fluoride varnish, which can be painted on your baby's teeth to prevent cavities.

How To Give Your Baby a Bath After the Umbilical Cord Has Fallen Off

As long as you clean the diaper area well, you shouldn't need to bathe your baby more than 3 times per week. Bathing too often can dry out the skin.

Establish a bathing routine. Your baby usually won't need a bath every night, but setting a routine will help your baby set their body clock. If the bath routine leads to bedtime, your baby will be more relaxed and (hopefully) easier to put to sleep.

For bath time safety tips, check out your health plan website.

How To Keep Your Baby Safe

Home Safety

- Never leave your baby alone on a changing table, bed, sofa, or chair. Keep one hand on your baby at all times. Even newborns can move suddenly and fall. When you aren't able to hold your baby, put them in a safe place like a crib or playpen.
- To keep your baby from choking, keep small objects like coins, small balls, and toys with small parts out of your baby's reach. Safe baby toys have smooth edges and no small parts that can come off.
- Never leave your baby alone with younger children or pets. They may not understand what is going on with your new baby.
- Keep your baby away from secondhand smoke. Never smoke in your home or car. Ask smokers to change into fresh, clean clothes before holding your baby.
- Lead exposure can cause learning and behavior problems. Young children are most at risk. The biggest source of lead exposure is from paint in homes built before 1978 or contaminated water. Have your water checked for lead if you live in an older home or if you're worried about your water.

Sun Safety

Direct sunlight is not safe for your baby in any amount. For the first 6 months, avoid sun exposure as much as possible and only use sunscreen on small areas like the face or hands. Most sunscreens are not safe for babies under 6 months old. The best protection for them is shade. If you're taking a walk, make sure your baby is covered by a light blanket. If your stroller has a canopy that shades your baby, use it. Talk to your baby's doctor if you have any questions on how to protect your baby's skin.

Car Safety

Your child must ride in a car safety seat every time they ride in a car. The seat should be rear-facing and in the backseat. The American Academy of Pediatrics says babies should stay rear-facing until they reach the highest weight or height allowed by the car seat manufacturer.

Remember, you should never leave your baby alone in a car — not even for a minute.

Secondhand Smoke

Secondhand smoke is dangerous, especially for babies. Babies exposed are at higher risk for serious illness and SIDS or crib death, and they are more likely to get coughs, pneumonia, ear infections, sore throats, and worsened asthma. Always keep your baby away from secondhand smoke.

Using drugs and alcohol around your baby can limit your ability to parent and can put your baby in danger. For help finding treatment, see the resources page at the back of this book.

Your Baby's Vaccinations and Well-Child Visits

Your baby should be seen often during their first year for well-child care. These visits are different from sick visits, which address a specific problem with your baby like a fever or cough.

PICKING A DOCTOR FOR YOUR BABY

If your baby has not seen their doctor since coming home from the hospital, please make the appointment right away. If you need help finding a doctor for your baby, ask your doctor or friends for their recommendation or call your health plan for a referral.

WHAT TO EXPECT

At each of these well-child visits, your baby will be weighed and measured to make sure they are growing at a steady rate. A physical exam will be done, and your baby may receive vaccines (also called immunizations or shots) or screening tests.

You will discuss things like feeding, nutrition, sleeping, newborn care, safety, development, and family issues.

LEAD SCREENING

The only way to tell if your child has lead poisoning is a blood test. Make sure your child is tested or evaluated for lead exposure — usually at ages 1 and 2.

VACCINE SHOT SCHEDULE FOR CHILDREN

Vaccines help prevent serious illness. This chart will help keep track of when your child should be given each vaccine. If your child does not get their shots at the age shown below, they still need to get that shot. Talk to your doctor about your child's vaccines. Children must have their shots to enter school.

WHY YOUR BABY NEEDS VACCINES

Vaccines protect children from diseases. Kids who don't get vaccines have a greater chance of getting these diseases. They can also spread the disease to others.

Keep up with your baby's well-child visits! Not only will your baby stay protected with up-to-date vaccines, but you'll also learn more about your baby's growing personality. Your baby's doctor will discuss how your baby plays and interacts with others to see how they're developing.

BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS
HEP B	HepB			HepB						
		RV	RV	RV						
		DTaP	DTaP	DTaP		DTaP				DTaP
		Hib	Hib	Hib	Hib					
		PCV	PCV	PCV	PCV					
		IPV	IPV		IPV					IPV
				Influenza (Yearly)*						
					MMR					MMR
					Varicella					Varicella
					HepA**					

Source: https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html (2020)

Learn More About Diseases Vaccines Protect Against

DISEASE	VACCINE	SYMPTOMS	COMPLICATIONS
Chickenpox	Varicella vaccine	Rash, tiredness, headache, and fever.	Infected blisters, bleeding disorders, encephalitis (brain swelling), and pneumonia.
Diphtheria	DTaP* vaccine	Sore throat, mild fever, weakness, and swollen glands in the neck.	Swelling of the heart muscle, heart failure, coma, paralysis, and death.
Flu	Flu vaccine	Fever, muscle pain, sore throat, cough, and extreme fatigue.	Pneumonia.
Hib (Haemophilus influenzae type b)	Hib vaccine	May be no symptoms unless bacteria enters the blood.	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening condition that can block the windpipe and lead to serious breathing problems), pneumonia, and death.
Hepatitis A	HepA vaccine	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of the skin and eyes), and dark urine.	Liver failure, arthralgia (joint pain), and kidney, pancreatic, and blood disorders.
Hepatitis B	HepB vaccine	May be no symptoms, fever, headache, weakness, vomiting, jaundice, and joint pain.	Chronic liver infection, liver failure, and liver cancer.
Measles	MMR** vaccine	Rash, fever, cough, runny nose, and pinkeye (conjunctivitis).	Encephalitis, pneumonia, and death.
Mumps	MMR** vaccine	Swollen salivary glands (under the jaw), fever, headache, tiredness, and muscle pain.	Meningitis, encephalitis, inflammation of testicles or ovaries, and deafness.
Pertussis (whooping cough)	DTaP* vaccine	Severe cough, runny nose, and apnea (a pause in breathing in infants).	Pneumonia and death.
Pneumococcal	PCV vaccine	May be no symptoms and pneumonia.	Bacteremia (blood infection), meningitis, and death.
Polio	IPV vaccine	May be no symptoms, sore throat, fever, nausea, and headache.	Paralysis and death.
Rotavirus	RV vaccine	Diarrhea, fever, and vomiting.	Severe diarrhea and dehydration.
Rubella	MMR** vaccine	Rash, fever, and swollen lymph nodes.	Very serious in pregnant women. Can lead to miscarriage, stillbirth, premature delivery, and birth defects.
Tetanus	DTaP* vaccine	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, and fever.	Broken bones, difficulty breathing, and death.

**DTaP combines protection against diphtheria, tetanus, and pertussis. **MMR combines protection against measles, mumps, and rubella. Source: Centers for Disease Control and Prevention*

Health Screen and Lead Poison Assessment Record

An EPSDT/HCY health screen helps children stay healthy or find problems that may need medical treatment. Your child needs to get regular checkups. Children between 6 months and 6 years old need to get checked for lead poisoning. You may use the chart below to record when your child gets a health screen or lead poison screen.

AGE	DATE OF HEALTH SCREEN	DATE OF LEAD POISON SCREEN
Newborn		
By 1 month		
2-3 months		
4-5 months		
6-8 months		
9-11 months		
12-14 months		Your child needs a blood lead level at 12 and 24 months.
15-17 months		
18-23 months		
24 months		
30 months		Your child needs a blood lead level each year until age 6 if in a high-risk area.
3 years		
4 years		
5 years		
6-7 years		

What to Do if Your Baby Is Sick

Your baby can't tell you in words if they are sick or hurt, but you know your child best and can probably sense when something is wrong. Here are some tips about what to do if you think your baby is sick. If you are not sure what to do, call your baby's doctor or our 24-hour nurse advice line.

WHEN TO CALL YOUR BABY'S DOCTOR OR SEEK MEDICAL ATTENTION

- Poor feeding.
- Your baby is limp or floppy.
- Decreased urine output.
- Body jerks or seizures.
- Difficulty breathing.
- Bluish skin or lips.
- Your baby seems hard to wake up or doesn't respond.
- Bleeding that won't stop.
- Exposure to poison.
- Parental instinct. *If you think something is wrong with your baby, seek medical attention. Don't be afraid to ask for help.*

WHAT TO DO ABOUT A FEVER

A fever is a worrisome sign for parents. What many don't know is that a fever by itself is rarely dangerous.

You should call your baby's doctor or our 24-hour nurse advice line for:

- Fever over 100.4° F in a child less than 3 months of age.
- High fever (higher than 103° F).
- Any fever in a child who doesn't look well or won't eat or drink.
- Fever and rash together.
- Fever for more than 2 or 3 days.
- Fever that begins several days after a cold has started.

THE COMMON COLD

Babies are especially susceptible to the common cold. Symptoms include nasal congestion and runny nose, and these usually resolve on their own. Some babies can develop more serious complications like pneumonia, croup, and bronchiolitis.

Treatment includes making sure your baby gets plenty of fluids. Babies may have trouble eating with a stuffy nose. Suctioning your baby's nose with a bulb syringe and thinning the mucus with saline drops can help.

You should call your baby's doctor or our 24-hour nurse advice line for:

- Cold symptoms in a baby less than 3 months old.
- Coughing, wheezing, or trouble breathing.
- Cold symptoms with vomiting, diarrhea, or poor feeding.
- Any other symptoms that concern you.

Sick Newborns

Babies younger than 1 month old can get sick very quickly. If you have any concerns that your newborn looks sick, has a fever, is feeding poorly, or is sleeping too much, call your baby's doctor as soon as possible. These could be signs of something more serious.

24-Hour Nurse Advice Line

Call the number on the back of your health plan ID card if you have questions when your baby's doctor's office is closed or you are not sure if you should go to the emergency room.

Taking Your Baby's Temperature

If your baby is younger than 3 months old, you will need to take a rectal temperature with a digital thermometer. If your baby is older than 3 months old, you can take an underarm temperature. To find more information on how to take your baby's temperature, visit your health plan website.

VOMITING AND DIARRHEA

Vomiting and diarrhea can be caused by many things but are usually due to a stomach virus. Most times, vomiting only lasts 24 to 48 hours, but it may take 1 to 2 weeks for the diarrhea to stop and stools to become normal. Most experts agree that you should try to continue to feed your baby normally despite vomiting and diarrhea. It might help to give small amounts of formula or breast milk more frequently at first.

The biggest concern with vomiting and diarrhea is dehydration. Some signs of dehydration are:

- Decreased tears.
- Dry mouth.
- Decreased urine output.

You should call your baby's doctor or our 24-hour nurse advice line for:

- Vomiting for more than 24 hours or many times in a row.
- Vomit with blood or with a greenish-yellow color (bile).
- Swollen abdomen or severe pain.
- Crying with no tears or no urine in more than 8 to 10 hours.
- Lack of energy or lots of fussiness.
- Any other concerns that your baby may be dehydrated.

Keeping Your Baby Healthy

To keep your baby healthy, take these steps to prevent the spread of infection:

- Keep your baby away from others who are sick.
- Wash your hands often, especially before holding or feeding your baby.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Clean countertops, doorknobs, toys, and other frequently touched areas in your house often.

Developmental Milestones in Your Baby's First Year

From birth to 5 years old, your child should reach milestones in how they play, learn, speak, act, and move. These milestones offer important clues about your baby's development. Below are just a few of many important milestones to look for in your baby's first year. Check off a milestone as your baby reaches it! Don't forget that this list is a guide and not set in stone. Every baby learns and grows at a different pace!

Missing Milestones

You know your baby best. If you think your baby is not meeting the milestones for their age or if you, your family, your baby's teacher, or another care provider ever become concerned about how your baby plays, learns, speaks, acts, or moves, talk with their doctor and share your concerns. Don't wait! Acting early can make a big difference!

For More Information

If you are ever unsure about what to do, visit www.cdc.gov/Concerned.

2 MONTHS

- ☐ Begins to smile at people
- ☐ Turns head toward sounds
- ☐ Pays attention to faces
- ☐ Can hold head up and begins to push up when lying on tummy

4 MONTHS

- ☐ Likes to play with people and might cry when playing stops
- ☐ Babbles with expression and copies sounds heard
- ☐ Uses hands and eyes together, such as seeing a toy and reaching for it
- ☐ Can hold a toy and shake it and swing at dangling toys

6 MONTHS

- ☐ Responds to own name
- ☐ Likes to play with others, especially parents
- ☐ Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds
- ☐ Shows curiosity about things and tries to get things that are out of reach
- ☐ Rolls over in both directions (front to back, back to front)

9 MONTHS

- ☐ May be clingy with familiar adults
- ☐ Copies sounds and gestures of others
- ☐ Looks for things they see you hide
- ☐ Sits without support

12 MONTHS

- ☐ Uses simple gestures such as shaking head for "no" or waving "bye-bye"
- ☐ Repeats sounds or actions to get attention
- ☐ Says short names like "mama" and "dada" and exclamations like "uh-oh!"
- ☐ Follows simple directions such as, "pick up the toy"
- ☐ Pulls up to stand and walks holding onto furniture (cruising)

For more complete checklists by age (2 months through 5 years old), visit **www.cdc.gov/Milestones.**

Adapted with permission from the Centers for Disease Control and Prevention's "Learn the Signs. Act Early." program.

Words to Know

There are many words that doctors and nurses use to talk about recovering from childbirth. Knowing what these words mean will help you understand what is happening to your body.

ANXIETY: An uneasy or troubled feeling.

AREOLA: The colored circle of skin around the nipple.

BOWEL MOVEMENT: The elimination of waste through the anus.

CONTRACEPTIVE: Something that is used to prevent pregnancy.

CROUP: Inflammation of the larynx and trachea in children associated with infection and causing breathing difficulties.

DTAP VACCINE/TDAP VACCINE: These vaccines protect against 3 diseases caused by bacteria: tetanus, diphtheria, and pertussis (whooping cough). DTaP is for children younger than age 7 and Tdap is for adults.

EXPRESS MILK: A technique used for those who are breastfeeding to remove milk from the breasts, especially if they are overfull.

HEALTHCARE PROVIDER: A healthcare professional who provides services and care for you or your baby. Your provider may be an obstetrics and gynecology (OB-GYN) doctor, family doctor, nurse practitioner, nurse midwife, or other nurse with advanced training. Your baby's provider may be a pediatric doctor (pediatrician), family doctor, neonatologist, nurse practitioner, or other nurse with advanced training.

HEMORRHOID: A swollen vein on or near the anus. Hemorrhoids are also known as piles.

HUMAN IMMUNODEFICIENCY VIRUS (HIV): A virus that attacks the body's immune system. HIV can lead to AIDS (acquired immunodeficiency syndrome), a chronic, life-threatening condition.

IMMUNIZATION/VACCINE: A shot or other medicine used to prevent diseases.

JAUNDICE: When a chemical called bilirubin builds up in a baby's blood. It causes the skin to turn yellowish.

LACTATION: When the body makes breast milk.

LANOLIN: A waxy ointment that can be used to protect skin and to treat sore nipples.

LETDOWN REFLEX: An involuntary reflex during the period of time when a person is breastfeeding that causes the milk to flow freely.

MASTITIS: An infection of the breast that can happen when the milk duct gets clogged. It is usually associated with redness of the breast and fever.

MILESTONES: Behavior and physical skills babies and children have as they grow. Sitting up, crawling, and walking are examples of milestones.

NURSING: The method of feeding the baby with milk from the breast.

OVA OR OVUM: A mature female reproductive cell, also known as an egg.

PNEUMONIA: A lung inflammation caused by a bacterial or viral infection.

POSTPARTUM: The period of time (approximately 6 months) following childbirth.

POSTPARTUM DEPRESSION: Feelings of sadness or hopelessness after giving birth.

PRENATAL: Describes pregnant people before they deliver their baby. Prenatal care is medical care you receive before your baby is born.

PROGESTERONE: A hormone that prepares and maintains the uterus for pregnancy.

REPRODUCTIVE LIFE PLAN: A plan regarding when or if you want to have more children. The plan should include how you will stick to your decision and what methods you will use for birth control.

RESPIRATORY SYNCYTIAL VIRUS (RSV): Causes infections of the lungs and breathing passages and is a major cause of respiratory illness in young children.

ROOTING: A baby's instinctive search for food that helps you recognize when your baby is hungry.

SEXUALLY TRANSMITTED INFECTIONS (STIs): Infections that spread from person to person through sexual contact. STIs do not always cause symptoms and may go unnoticed. STIs can be harmful to you and your baby if you are infected while pregnant. Most STIs are curable with medicine.

SPERM: A male reproductive cell.

SUDDEN INFANT DEATH SYNDROME (SIDS): The unexplained death, usually during sleep, of a seemingly healthy baby less than a year old. SIDS is sometimes known as crib death because the infants often die in their cribs.

UMBILICAL CORD: The cord that transfers nourishment to the baby and removes waste from the baby during pregnancy. This cord is cut at birth, creating the belly button.

UTERUS: The pear-shaped, hollow organ in the female reproductive system where the baby grows until birth. The uterus is also called the womb. The uterus is connected to the vagina by the cervix.

VAGINA: A canal-shaped opening in your body also called the birth canal. The vagina connects to the cervix, which is connected to the uterus.

Congratulations on the birth of your baby! We hope you find this book useful as you begin to care for your baby and recover from delivery. As a reminder, we also provide the following:

- **A 24-hour nurse advice line.**
- **Breastfeeding support and resources.**
- **Help obtaining a breast pump.**
- **Assistance if you are experiencing feelings of depression or anxiety.** (Contact us for support if you feel sad, overwhelmed or "down", or are thinking about harming yourself or others.)
- **Methods to help you decrease or stop smoking, drinking alcohol, or using drugs.**
- **Weekly text and email programs, if offered by your plan.**
- **Over-the-counter medicines that may be available at no cost to you.** (Ask your doctor or call us for more information.)

Visit your health plan website for more information!

Fill in your doctor's and baby's doctor's information here for easy reference:

_____

Your Doctor's Name

_____

Your Doctor's Phone Number

_____

Your Baby's Doctor's Name

_____

Your Baby's Doctor's Phone Number

Postnatal | *Resources for You and Your Baby*

Support for You

- Are you feeling sad, irritable, hopeless, or worried more often than not? You're not alone. Call the National Crisis Hotline at **1-800-273-TALK (8255)**.
- If your relationship is causing you to question your safety or the safety of your baby, call **1-800-799-7233.**
- Visit AllianceforPeriodSupplies.org to find organizations dedicated to making period products accessible in their communities.
- Visit ChooseMyPlate.gov for tips on healthy eating!

Breastfeeding Support

- You may have a lactation consultant available to you! The International Lactation Consultant Association can also help you find a specialist in your area! Visit ilca.org and select the "Find A Lactation Consultant" option.
- For tips on breastfeeding, like pumping and storing milk, visit WomensHealth.gov/breastfeeding.

Community Resources

- We may be able to help you get a ride to your healthcare appointments. Just call us!
- If you need help with childcare, call Child Care Aware at **1-800-424-2246** to find out your options.
- Diapers are expensive, but you need them to keep your baby clean and healthy. Visit NationalDiaperBankNetwork.org to find a diaper bank partner near you.
- WIC can provide you with free and healthy food, nutrition education, and screenings/referrals to other health services. They also provide formula for babies, breast pumps, and other breastfeeding resources. You can call the National Hunger Hotline at **1-800-548-6479** or talk to your doctor, local health department or health plan to find out more about WIC. You can also visit feedingamerica.org/find-your-local-foodbank to find a food pantry near you.
- Farmers markets are great for finding affordable healthy food while supporting your community. Some even accept SNAP benefits! Visit AMS.USDA.gov/local-food-directories/farmersmarkets to find a market in your area.
- Public libraries are a great place to spend time with your baby, and they're free! Visit Lib-Web.org/united-states/public-libraries to find one in your community.

Reproductive Health Options

- Your sexual health is more than just choosing when or if you get pregnant again. Visit Gettested.cdc.gov to find free, fast, and confidential testing near you.
- Visit Bedsider.org/methods or the Title X Family Planning Clinic Locator at opa-fpclinicdb.hhs.gov/ or to find clinics, resources, and support for low-cost (or free!) birth control.

Support for Decreasing Substance Use

- If you are concerned about how your medications can affect breastfeeding, talk to your doctor or call MotherToBaby for more information at **1-866-626-6487.**
- If you are trying to quit smoking and are having trouble, ask for help. Call the Quit Smoking Hotline at **1-800-QUIT-NOW (1-800-8669).** Or **text MOM to 222888** to sign up for a text program specially designed to help those who are pregnant quit smoking.
- If you are trying to decrease or stop alcohol or substance use, there's help available.
  - › National Council on Alcoholism and Drug Dependence **(1-800-622-2255)**
  - › Federal Substance Abuse and Mental Health Services Administration's Treatment Referral Routing Service **(1-800-662-4357)**

Contact us to sign up for weekly emails and/or texts about caring for your newborn baby.

Visit your health plan website for tips on how to care for your baby!

You can learn more about:

- Helping baby sleep through the night
- Swaddling safely
- Lead testing for your home and water
- Tummy time tips and tricks
- Baby-proofing your home
- Taking your baby's temperature correctly
- Vaccinations
- Car seat safety
- And more!

Worried about healthcare coverage? Visit HealthCare.gov to learn about your options.