

Breast feeding essentials

Breastfeeding can be very rewarding for both mother and baby. Breast milk is an excellent source of nutrition for your baby. The American Academy of Pediatrics recommends breastfeeding for the first year of your baby's life. Breast milk has antibodies to fight diseases such as respiratory infections, ear infections, and urinary tract infections and it is more agreeable to the baby's digestive system. The incidence of Sudden Infant Death Syndrome (SIDS) is lower in breastfed babies. There are no bottles to sterilize or formula to warm up. Breast milk is always at the right temperature. If allergies are common in your family, it is possible your baby may develop allergies as well. Babies who are breast-fed have fewer infections and allergies during the first year of life than babies who are given infant formula. Breast milk is also economical and convenient when traveling. Overall, breast milk is nature's best food for young babies. Breastfed babies have enhanced cognitive (brain) development. If you do choose to breastfeed, do not get discouraged if it does not go perfectly at first. Successful breastfeeding requires learning and practice for both you and your baby. There are some common problems that can be easily overcome if you know what to do. Some are described below. In other cases, a talk with your physician or lactation specialist before deciding to give it up may be all you need to make this a healthy and enjoyable experience for both you and your baby. However, breast-feeding is not for everyone. There is no reason for guilt in choosing not to breastfeed your baby. You will be making many important decisions throughout your baby's life. Infant formulas can nourish very well. If you are having trouble deciding, consider breastfeeding for a while before you make your final choice.

There are benefits to you from breast-feeding. Mothers who breastfeed have less post-partum bleeding, earlier return to pre-pregnancy weight, and a decreased incidence of premenopausal breast cancer. The size of your breasts makes no difference in the success of nursing. Women with large breasts or small breasts can nurse successfully. Breast size has no bearing on the amount of breast milk you can produce. Even if you have inverted nipples, you can nurse. If you did not nurse your last baby or any of your other children, you still can nurse your baby. There are rare instances when women should not nurse: if you have active TB (tuberculosis), take illegal drugs, are HIV positive, or on certain medications (like chemotherapeutic agents) that when passed through the breast milk would be harmful to your baby. Check with your doctor when taking any medications while nursing. Many medications are harmless to the baby such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin), and certain antibiotics. Women who nurse can resume sexual relations soon after giving birth just the same as women who do not nurse. However, some nursing mothers may experience vaginal dryness and need to use a vaginal lubricant prior to sexual intercourse. While it is true that nursing mothers often do not ovulate while nursing, it is not a fail-safe method of birth control. You can still take birth control pills if you nurse. Discuss this with your doctor. You can also use a diaphragm or condoms with spermicidal jelly as well.

Getting started:

It is a good idea to nurse your baby soon after he arrives. Many women nurse their babies in the delivery room within an hour after birth. Your breasts are full of colostrum, a very important nourishment that is rich with antibodies and vitamins. Colostrum is the baby's first milk. Your milk will come in about 2-5 days after delivery. Colostrum is all your baby will need until your milk comes in. There is no need to supplement your baby's diet. Babies are born with a strong sucking reflex. First, get yourself into a comfortable position so that your body can relax. Hold your baby so that he faces you (tummy to tummy), hold your breast with your hand shaped in the letter "C" (the thumb is opposite the other fingers), tickle the baby's lower lip so he opens his mouth wide, and place your nipple and areola into his mouth as you pull him towards you. He will begin to suck. Latching on is the process where the baby gets onto the breast for successful nursing. This is the hardest part. To make sure the baby is latched on properly, the bottom of his ear lobes will move a bit as he sucks and swallows and you should not be in pain. His lip will probably be slightly folded outward as he nurses.

If the baby is not latched on properly, he will not get milk, your nipples will get sore, and both of you will become frustrated. Try to latch on correctly. To try again or to take the baby off the breast, put your finger towards the corner of his mouth and "break the suction" as you push inward toward your breast and pull the baby away from you slightly. Do not just pull him off your breast otherwise, you will get sore nipples. The breasts will "let down" the milk after 1-3 minutes of nursing. This is the process where the milk moves from the milk glands to the milk ducts and out through the nipple. You may feel a tingling in the breast. Relaxation is necessary for "let down" to occur. Letdown is developed well after 2-3 weeks of nursing. Nurse on the first side for about 10 minutes, burp the baby and then let him finish on the other side. He may nurse for 5 minutes or 20 minutes. Burp him again after the second breast. For the next feeding, start on the breast you finished on the last time. Every baby nurses differently. You will get to know your baby in a very short time. He will develop a pattern of nursing.

Eventually, you want to nurse for 15-20 minutes on each side. It is important that the baby be seen by his doctor 24-48 hours after delivery to ensure he is getting adequate nutrition. The 2-week check-up is also important for your baby, as his weight will be checked. It can be very helpful to your doctor and yourself if you keep a nursing record. List the time of the feeding and how long the baby nursed on each side.



How often to feed:

In the beginning, it is important to feed your baby before she is really hungry. This is important for the baby's health. Also, the baby is learning a very important concept called trust from you. Your baby will trust you earlier and bond with you sooner if she is not hungry. Until your milk supply is well established and your baby is gaining weight (around 2 weeks old), nurse whenever your baby cries or seems hungry. Crying is a late sign of hunger. Look for her to have increased alertness or activity, opening the mouth frequently (mouthing) and rooting (when something touches her cheek, she moves her head in that direction and opens her mouth). Most breast-fed newborns need to nurse every 1.5 – 3 hours or 8–12 times in a 24-hour period. At night, your baby can go 4 hours in between feedings. Do not let more than 5 hours pass in between feedings in a newborn. This is too long for her and can cause your breasts to become engorged (painful swollen breasts filled with milk). It is very important not to use any artificial nipples during the first 2–3 weeks of breast-feeding. Do not give your baby any water, sugar water, supplemental infant formula (unless directed by your doctor), cereal or other solid food, or pacifiers. This could cause "nipple confusion" and she may not take your breast again. It is important that you and your baby become proficient in nursing before you introduce her to an easier sucking mechanism. Sucking from a bottle requires no learning. Your milk production is based on the frequency and duration of nursing. If you "supplement" your nursing in these early days, your milk production will drop off and your baby will not get enough to eat. Milk production works off the supply and demand principle. After a few weeks, your baby will begin to go for longer times in between feedings, 2–5 hours, and will nurse about 6–10 times within a 24-hour period. After a few more weeks, your baby will continue to increase the time in between feedings and may start to "sleep through the night", usually about 5–6 hours without nursing. When your baby is a few months old, she will nurse about every 4–5 hours or 5–7 times within a 24-hour period. Cereal and other solid foods are usually introduced to your baby when she is between 4–6 months old.

Breastfeeding is not painful. If you are experiencing breast or nipple pain while nursing, something is not right. Consult with your doctor, nurse, or lactation specialist for further instruction. Often, a minor mistake is easily corrected and you are on your way back to successful and painless nursing. During the first few days after delivery, you may feel your uterus contract while nursing, causing some discomfort. This is normal and healthy as your uterus is returning to its pre-pregnancy size.

Is your baby getting enough milk?

You can tell if your baby is getting enough breast milk by how many wet diapers he has in a 24-hour period. During the first 6–8 weeks, if your baby has at least 6 wet diapers and 4 bowel movements in a 24-hour period, he is getting enough breast milk. After 6–8 weeks, he may have fewer bowel movements. This does not mean he is not getting enough milk.

You will need to increase your caloric intake by about 500–600 calories per day while you are nursing. Drink plenty of water, about 6–10 glasses a day. Your baby gets all of her nutrition from you, so eat healthy. Many nursing mothers continue to take their prenatal vitamins while nursing. Check with your doctor. Supplemental fluoride may be needed after your baby is 6 months old if your home water supply is severely deficient (<0.3 PPM). Bottled water often does not contain fluoride. Supplemental vitamin D may or may not be needed. Consult with your doctor about any supplements.

Care of your breasts:

It is important to keep the breast clean when breastfeeding. Do not use soap or alcohol on your breasts. This can dry the skin and leave a residue. Instead, wash the breasts daily with warm water. Generally, there is no need for lotions or ointments on the nipples. The milk itself is an excellent lubricant; rub some around the areola and then let air dry. Use a good support bra. Pat dry the areola after each feeding so that the breast is not moist when placed back into your bra. You may need to use a breast shield or pad if you are having some leakage. Be sure that the pads are not wet. If they get wet, change to a clean and dry one. If your breast or breasts become red and painful and you have a fever, you may have developed an infection called mastitis. You will need to contact your doctor for further information on treatment. It is a good idea to have a breast pump on hand. You may even want to rent a breast pump. Your doctor, nurse, or lactation specialist can provide you with information on what type to look for. Expressed milk can be stored in the refrigerator for 2–3 days or in the freezer for up to 6 months. When your baby is able to take a bottle (after several weeks of successful nursing), you may want to leave pumped milk so that you can be away from your baby for a short time. You will need to introduce your baby to the bottle and ensure he drinks from it before being away from your baby. After he is able to take an occasional bottle, then you can consider leaving him with a family member or babysitter for a short period of time. If you are gone for a feeding, you will need to pump your breasts during the normal feeding time or your milk production may diminish or you may get engorged. If you return to work after having your baby, you may want to continue to nurse. You can do this successfully by pumping your breasts. This will keep your milk supply up.

When to wean?

If you wean your baby from breastfeeding before she is 12 months old, you must use an iron-fortified infant formula. Whole cow's milk is not suitable for children less than 12 months. After 12 months old, you may use whole cow's milk. Check with your doctor for complete feeding instructions. If you wean her from the breast at 12 months, you can give her a sipper cup rather than a bottle. Weaning is generally done in a gradual manner. The number of daily feedings is reduced by one for about one week. The next week, another daily feeding is eliminated. Most babies will naturally wean as they grow older and take in more solid food.

Information and consultation about breastfeeding essentials are available through your doctor, nurse, lactation specialist, local hospital, La Leche League, or Department of Health. Consult with them if you have further questions.

Contact your doctor if you develop a fever, your breasts are red and swollen, you are engorged, you want to stop nursing, you have sore nipples, or you are taking any medications besides acetaminophen (Tylenol), ibuprofen (Advil, Motrin) or any other approved drug, or your baby has less than 6 wet diapers in a 24 hour period.



Mastitis

Mastitis is an inflammation and infection in the breast, usually seen in women following childbirth. Bacteria that enter the mother's breast from the nursing baby's nose or throat generally cause the infection. The most common bacteria involved strains of *Staphylococcus aureus* or *Streptococcus*. It affects about 1% of new mothers. Risk increases if there is an abrasion or crack in the nipple and with breast-feeding. Other contributing factors may include blocked milk ducts from tight-fitting bras, sleeping on the stomach, and prolonged time between feedings.

Symptoms may include:

Symptoms may occur anytime while nursing, but usually begin 3 to 4 weeks after delivery.

Tender, swollen, hard, and hot breast tissue - Fever - Breast lumps - Pus discharge from the nipple - Enlarge lymph nodes in the armpits of the affected breast.

What your doctor can do:

- Diagnose mastitis by asking about your symptoms and medical history, and by performing a physical exam.
- Order laboratory tests such as blood studies, and culture of pus or fluid.
- Mammography (x-ray of the breast) or a breast biopsy (removal and study of a small amount of tissue) should be performed if something other than infection is suspected as a cause.
- Prescribe antibiotics to fight bacterial infections.
- Perform an incision to drain pus if you have an abscess (a localized area with increasing redness, pain, or tenderness).
- Prescribe pain relievers as needed.

What you can do:

- Finish the full prescription of antibiotics, even if you start to feel better. This assures complete treatment of the infection.
- Apply an ice pack (ice in a plastic bag, covered with a thin towel) on the engorged breast 3 to 6 times a day for 15 to 20 minutes at a time. Do not use ice packs within 1 hour of nursing.
- Use warm compresses instead.
- Wear an uplift bra during treatment.
- Continue to breastfeed, even though breasts are infected. Offer the affected breast first to promote complete emptying. Massage the breast with firm pressure from the chest toward the nipple.
- If an abscess develops, stop breast-feeding on the affected side, and use a breast pump to empty the affected breast regularly. Continue breastfeeding on the unaffected side.
- For minor discomfort, you may use non-prescription drugs such as acetaminophen.
- Rest in bed until fever and pain diminish.
- Prevention includes washing the nipples before and after nursing, washing hands before touching breasts, and wearing a comfortable bra. When a nipple cracks or fissures, apply lanolin cream or other topical medication as recommended and consider using a nipple guard. DO NOT sleep on your stomach.
- Drink extra fluids while you have a fever.
- DO NOT take any medication without talking to your doctor first. Most medications enter breast milk and may be harmful to your baby.

What you can expect:

- Mastitis is usually curable in 10 days with treatment.
- Without treatment, or if treatment is not completed, it may lead to a breast abscess.

Contact your doctor if you develop symptoms of mastitis, if your symptoms worsen despite receiving treatment, or if you are having difficulty breast-feeding.



Newborn jaundice

Jaundice is the yellowing of the skin and sclera (white part of the eyes). In infants, it is primarily caused by the immature liver having more work than it can handle. Bilirubin is a byproduct of normal red blood cell destruction. The liver is responsible for breaking down this bilirubin. When it cannot, bilirubin levels increase and it is stored under the skin causing a yellowing. It is not usually serious because it is not liver disease. Jaundice is usually seen a few days after birth in about 50% of all newborns. By 1-2 weeks of age, it is no longer present. However, because it can be a sign of liver problems or disease, it is important to have your doctor evaluate any jaundice.

Types of newborn Jaundice:

- Physiological Jaundice – Normal and does not usually require treatment.
- Breast milk Jaundice – Low incidence (1-2%). Usually begins about 4-7 days after birth and can last 3-10 weeks. Formula feeding for a few days may be necessary. Phototherapy treatment may be necessary if the bilirubin levels are too high. This is when the baby is placed under special lamps to help the body break down the bilirubin and excrete (get rid of) it out of the body.
- Rh factor Jaundice – If the mother and the baby are different in their blood types, (positive + or negative -), a possible reaction may occur. Treatment is necessary. This is a rare form of jaundice in newborns.

What your doctor can do:

- Perform a physical exam and a blood test measuring the level of bilirubin in the blood.
- Although treatment is not usually required, if the bilirubin level is too high, your doctor may order phototherapy.

What you can do:

- In breastfed babies, 5 minutes of sun exposure per day may help with the absorption of the excess bilirubin.
- Keep the baby well hydrated.
- Feed often to promote bowel movements (one way of getting rid of bilirubin).

Contact your doctor if your baby's skin is jaundiced, or the jaundice seems to be getting worse.



Physical exam – First after vaginal delivery

Your life and your body have gone through many changes in the last 4 to 6 weeks. Learning to manage a new infant can be exciting but also difficult. You may be very tired and have times of high and low energy levels. How you feel can vary widely and depends on a lot of things. Your body is gradually returning to a pre-pregnancy state. Your uterus should be about the same size it was before your pregnancy. The vaginal discharge should have stopped. Episiotomies and tears in your vagina should be healed, although they may be sore for many weeks. The muscles in your abdomen should be tightening. Stretch marks may shrink or fade, or may not go away completely. If you are nursing, your breasts will be producing milk and have developed a letdown reflex. Even if you are not breastfeeding, some milk may still leak from your breasts. Your body may not yet respond sexually as rapidly or intensely as it did before your pregnancy; however, your response should return to normal by about three months after delivery.

New parents, both mother and father, have many feelings. While you may be excited about being a new parent, you may also be worried, anxious, or depressed. Learning how to manage a new baby and your own life is not easy. Many of these feelings are common to new parents. It may be difficult to find time for yourself and your relationships with your partner and other children. Ask for help when you need it and use help when it is offered. This may give you the time you need for yourself and your other family members.

You will get advice from many places, but you need to make the choices that work for you, your baby, and the rest of your family. We want to make sure that you are able to cope with the work of parenthood. There are many resources available to help you, and we can help you find these resources. Most new parents have questions and concerns about their baby, themselves, their families, and the changes in their lives. Now is a good time to discuss these matters.

A physical exam will be performed to make sure that you are healing well. If you have problems like diabetes, preeclampsia, or high blood pressure, you may need to have laboratory tests repeated. If you are nursing your baby, a breast examination will help make sure there are no problems such as mastitis (a breast infection). Rest, a good diet, and exercise are important for your recovery. Your body needs more rest now than ever before. You still need extra nutrition, whether or not you are breastfeeding, to help your body recover.

If you do breastfeed, remember that anything you eat or drink goes into your breast milk and can affect your baby. This is why you need to make good choices about food, drugs, alcohol, and smoking. You need to use birth control, even if you are breast-feeding. Talk with your doctor about the best method for you and your partner. Breastfeeding women have less vaginal lubrication, so you might want to use a water-based lubricant such as K-Y jelly for comfort during sexual activity.

Contact your doctor right away if you have a hard, red, swollen, or sore place on your breast and a fever. You may have an infection which can get worse. Also notify your doctor if you have a vaginal discharge or are bleeding more than you do with a normal period.

Puerperal Infection

Puerperal infection is an infection (after the first 24 hours) following the delivery of a baby. It can affect the vagina, vulva, perineum (area between the vagina and rectum), cervix, uterus, peritoneum (membrane that covers abdominal organs) or kidneys. The infection is caused by bacteria that are normally found in a healthy vagina but are more likely to multiply and cause infection if one or more risk factors are present. Risk increases with insertion of a fetal scalp electrode during labor, anemia (either pre-existing or from loss of blood during delivery), toxemia during pregnancy, a long delay between rupture of the placental membranes and delivery (greater than 24 hours), prolonged labor, traumatic delivery, repeated vaginal examinations with non-sterile equipment during labor, retained fragments of the placenta in the uterus, and excessive bleeding after delivery.

Symptoms may include:

Unexplained fever and chills for 2 or more days after the first postpartum day (first day after delivery) - Headache and muscle aches - Appetite loss - Rapid heartbeat - Soft, large, and tender uterus - Vaginal discharge with abdominal pain.

What your doctor can do:

- Diagnose the infection by asking about your symptoms, doing a physical exam, laboratory blood studies, blood cultures, and cultures of the vaginal discharge.
- Hospitalize you for intensive treatment and possible surgery to remove any retained fragments of the placenta.
- Prescribe antibiotics in high doses. These may be given intravenously (IV).
- Prescribe anticoagulants if necessary to prevent blood clot formation.
- Prescribe pain medicine and acetaminophen (Tylenol) to reduce fever and pain.

What you can do:

- Take steps to prevent infection by avoiding exposure to anyone with an active infection during the last 2 weeks of pregnancy.
- Notify your doctor as soon as your placental membranes rupture (your "water breaks"). Do not have sexual intercourse after membranes rupture. Wash the perineal area several times a day during the first week after delivery.
- To help relieve pain, place a moist heating pad or hot water bottle on your abdomen or back. Take frequent hot showers to relax muscles and relieve pain.
- Use sanitary pads rather than tampons for the vaginal discharge.
- If you plan to breastfeed, talk to your doctor about the possibility of using a breast pump to express milk until the infection is gone.
- Get help in caring for your newborn. The more you are able to rest and care for yourself, the sooner you will be healthy again.
- Rest in bed except to use the bathroom until the fever and other signs of infection subside.
- You will probably be more comfortable if you lie on your left side.
- Abstain from sexual relations until signs of infection have been gone for at least 7 days.
- Drink lots of fluids to prevent dehydration.
- Vitamin and mineral supplements should not be necessary unless you are anemic.

What you can expect:

- With early diagnosis and appropriate treatment and care, the infection should be controlled within a short time.
- Possible complications include a deep-vein blood clot in the pelvis, blood poisoning, shock, and infection in the newborn infant.

your doctor if you have any vaginal discharge with a foul odor, chills or fever over 100.4 F, heavier bleeding than a normal period, severe pain or cramping, a skin rash, are feeling faint, or possible symptoms of a bladder infection (increased frequency of urination, urgency, or pain while urinating).

Weaning Your Baby

As babies approach their first birthday, they can learn to drink from a cup and no longer need a breast or bottle. Whole cow's milk can be started. **DO NOT** use reduced fat or skim milk before age 2 because it does not have enough fat for toddlers. After age 2, reduced fat or skim milk may be used.

When to wean from the breast or formula?

- At about one year old, babies can be weaned from the breast and bottle and start drinking whole cow's milk from a sipper cup.
- If you wean your breastfed baby from the breast before one year, you will need to use an iron-fortified infant formula because whole cow's milk is not suitable for children less than 12 months old.
- For breast-fed babies, you do not have to wean from the breast to a bottle.
- You can wean from the breast straight to a sipper cup.
- Weaning from the breast is a personal decision between you and your baby.
- It is recommended that you nurse for at least one year.

Bottle or cup?

- Toddlers are able to learn how to use sipper cups.
- They generally do very well with sipper cups or sipper-straw cups.
- At 10-15 months of age, introduce your baby to a sipper cup. There are many varieties available. They are convenient when traveling and do not spill as easily as a regular open cup.
- Generally, it is not advised for children to use a bottle after 15 months of age.



Well Child Exam: 2 Week Old, Breast Fed

Newborns are developing at a very rapid rate. Your baby can see objects that are less than 14 inches away quite clearly. Their eyes get wider when looking at movements or faces. He reacts to voices and gets easily startled at loud voices or other noises. Talk to your baby often. He is learning your voice. His nervous system is not yet fully mature. It is normal to see shaky hands, lips, or wandering or crossing eyes. His respiratory system is working well. However, babies breathe irregularly often with times of speeding up and then slowing down. As he gets older, the breathing will become more regular. Most babies will have grown since birth. This is a time of adjustment for you and your family. It is normal to feel a mixture of emotions; joy, happiness, and often fatigue and worry. Your parenting experience is increasing and getting better.

If you are feeling overwhelmed, ask family and friends for help.

A well child check includes a physical exam to follow growth and development and to detect health problems early. Nutrition and safety issues are discussed. The appropriate immunizations against preventable diseases are given. A growth chart, which is updated with every visit, is maintained. This information is helpful to compare your baby's growth to other children. Vision and hearing are assessed. A complete exam will show how your baby's body is developing. You and your family's adjustment to your baby is assessed. In the early months, lack of sleep increases stress. Many new mothers feel some depression and, if you have another child, you may have to deal with jealousy. Fathers may feel a bit left out. These are important emotions to discuss.

Nutrition – Your baby is eating often, about every 2 hours. As she gets older, she will be able to go for longer periods of time in between feedings. Proper nutrition is very important in these early years of development. Continue to breastfeed your baby as long as possible, preferably for the first year. Most babies nurse 8-12 times a day during the first 3 months. Offer both breasts at each feeding and nurse until she stops nursing or falls asleep at the breast. When only one breast was used, offer the other first at the next feeding, or if one breast was not emptied, offer that one first at the next feeding. DO NOT give your baby any water, just breast milk. It is best not to introduce your baby to a bottle until she is at least one month old. This is also important for your milk production to be firmly established. Be sure you are drinking plenty of fluids every day. Keep taking your prenatal vitamins until you stop nursing. Check with your doctor before taking any medication because the medicine may pass into the breast milk and harm the baby. If you need to leave your baby for a short time, leave a bottle of your expressed milk (preferred) or infant formula. DO NOT leave her alone with a bottle because of the potential for ear infections. Use caution if heating your baby's milk in a microwave oven, as there may be hot spots. Always check the temperature of the baby's milk before you give it to your baby. If you are having any problems with nursing such as sore nipples, discuss this with your obstetrician or a lactation consultant. DO NOT give solid foods (including cereal) because her digestive system cannot tolerate them. Your baby will have several bowel movements a day. They are loose and frequent. Stools from breastfed babies are loose because breast milk is so perfectly digested that there is little waste. The amount of bowel movements will decrease in the coming months.

Physical Development – Your baby is growing at a rapid rate. His body systems are developing and maturing every day. His neck is still not fully developed but is getting stronger every day. He will be able to lift his head and hold it steady soon. He is not yet able to roll over. This comes later, at about 4 months. He is able to see and will soon be watching more and more. Faces, black and white contrasting items, and colorful objects are all fascinating to him. Stimulate him by showing him different things with lots of colors. Talk to him with your face next to his. This is all part of his development. He moves his hands and feet but does not have full control over them yet. Let him feel and touch various items that have different textures. Be sure the items are not so small that they could be accidentally put into his mouth and swallowed. Your baby sleeps off and on throughout the day. He will sleep longer at night in the coming months. Place the baby on his back or side for sleeping. It is not advised to place the baby on his tummy for sleeping because this increases the risk of Sudden Infant Death Syndrome (SIDS). Your baby's skin is sensitive and slight peeling is normal. Pimples may develop on his face at about 3 to 4 weeks and will probably go away in several weeks. Clean the umbilical cord with rubbing alcohol after each diaper change until the cord falls off. DO NOT cover it with a diaper. Give the baby a sponge bath until the cord has fallen off and is healed. A full bath is needed only 2 or 3 times a week. Use a mild soap and shampoo. It is important to clean the diaper area with each diaper change. You may use warm water on a face cloth or a baby wipe. If a rash develops in the diaper area, follow the cleaning with a diaper cream or ointment.

Immunizations – Your baby's health is very important. Proper immunizations against disease are part of good health. There are many recommended immunizations during the first 18 months. Your doctor will be discussing which immunizations to give and when to give them at each well-child check appointment.

Social Development – Even though your baby cannot talk, she can interact. Babies love to be held, talked to, sung to, smiled at, and rocked. You cannot spoil a baby at this age. You are a big part of teaching your baby about love and feeling secure when you comfort her as she is fussy. You can soothe her by talking to her and rocking her. Cuddle her and talk to her often. She is learning from you. By talking to her, you are helping with her language development. All babies cry. This is normal. Babies cry when hungry, need a diaper change, are tired or sleepy, or for no reason that you can find. You will be learning your baby's different cries. Crying may increase for the first 6-8 weeks. Some babies are fussier than others. This does not necessarily reflect on your parenting skills but rather on the baby's temperament. Your baby will begin to smile intentionally within a few weeks.

Injury and Accident Prevention – It is very important to safeguard against injury and accidents during your baby's childhood. Many injuries and accidents are preventable. Always use an infant carrier/car seat for your baby while traveling in the car. The safest place in the car for the baby is in the back middle seat. If you must put the baby in the front, DO NOT use the airbag (check the owner's manual of your vehicle for further directions). Always place the baby facing the rear of the car.

DO NOT leave your baby unattended on the changing table, in the bathtub or baby-bath tub, couch, bed, or chair. Even though your baby cannot roll over, he could suddenly extend his body and fall off. Use seatbelts in the stroller.

Never shake your baby; this could kill him. DO NOT tie strings or place necklaces around the neck. Keep long cords away from the crib. This includes mini-blind cords and religious medals. If you use a pacifier and a pacifier keeper/cord, be sure the cord is not longer than 6 inches. DO NOT leave young children or pets alone with your baby. They may unintentionally hurt the baby.

DO NOT allow cigarettes or any other smoke in your home. Exposure to this smoke increases the chance of the baby developing ear infections and sudden infant death syndrome (SIDS). It is also very harmful to developing lungs. If you must smoke, it is best to not expose the baby to the smoke. Your doctor can help you stop smoking. Make sure your smoke detectors are operational with new batteries.

Select toys that are unbreakable and contain no small detachable parts or sharp edges.

Contact your doctor if the baby develops any fever, fussiness that you cannot stop, or any other symptoms that need medical attention. If any immunizations were given, notify your doctor if a severe reaction develops.