

Dear Parents,

Congratulations on your pregnancy!

Exciting months are ahead for you. To stay informed, but not over-informed, I created this booklet for you. Here you will find all pregnancy-related topics in a nutshell.

Wishing you a wonderful pregnancy and amazing birth.

Warmly,

Stephanie

Nutrition during pregnancy

While you'll only need 13% more calories, you should consume 100% more iron and 100% more folic acid.

- ❖ Foods with folic acid: green leafy vegetables, soy beans, wheat buds, sprouting grain, brewer's yeast, salmon, dates, whole milk, orange juice.
- ❖ Foods with iron: green leafy vegetables, leguminous plants, whole grain products, fish, pork, dried fruit, eggs, broccoli and wheat buds. To absorb iron your body needs Vitamin C! If you are taking an iron supplement, I suggest you drink a glass of orange juice with it. Refrain from drinking coffee/black tea at the same time because it blocks absorption of iron.
- ❖ Foods with iodine: shellfish, redfish, herring, milk products, carrots and champignons.
- ❖ Foods with Vitamin B: nuts (especially sunflower seeds), yeast, meat, eggs, fish, soybeans, wheat buds, avocados.
- ❖ Food with Vitamin C: lemons, strawberries, blackberries, raspberries, melons, kiwis, broccoli, Brussels sprouts, potatoes.
- ❖ Generally: no alcohol, nicotine or medications unless prescribed by your OB or midwife. Everything that goes in your body will go to your baby as well.
- ❖ Foods to avoid: liver, raw eggs, raw milk and soft cheese, tartar, meat paste, salami and raw fish.

Basic equipment for your baby:

- ❖ 10 onesies
- ❖ 6 pants, 6 shirts
- ❖ 6 sweaters/cardigans
- ❖ 2 pairs of gloves, 2 caps
- ❖ 2 pairs of socks (more, if your baby is born in winter)
- ❖ 40 cloth wipes/diapers (to use when burping baby, changing diapers and for swaddling)
- ❖ 1 blanket
- ❖ 1 baby carrier for newborns, 1 for babies
- ❖ - Changing table (I recommend the ones where the baby lies away from you, not ones in which the baby lies sideways)
- ❖ Diaper bucket
- ❖ Diaper mattress
- ❖ 1-2 bassinets (one with wheels for the living room, one for the bedroom)
- ❖ Stroller
- ❖ Car seat
- ❖ Baby oil, zinc ointment
- ❖ Thermometer for bath
- ❖ Thermometer for baby
- ❖ Baby brush
- ❖ Baby nail scissors
- ❖ Baby tub without a baby seat (you should be able to remove the seat since it doesn't work for newborns)
- ❖ At least one bottle and 1 formula from earth's best or Holle (for emergencies)
- ❖ A breast pump, I'd recommend ARDO hospital pump
- ❖ Diapers
- ❖ A mobile for newborns like this one: http://www.amazon.com/Wimmer-Ferguson-201770-Wimmer-Ferguson-Stim-Mobile/dp/B00009ZIKH/ref=sr_1_1?ie=UTF8&qid=1393536328&sr=8-1&keywords=newborn+mobile

Basic equipment for mom:

- ❖ Breastfeeding pillow
- ❖ Large pads (you might use them for when your water breaks but mostly after birth when having the lochial bleeding)
- ❖ Breastfeeding bra, nipple shield (tulips), nipple pads, nipple shells (Ardo)
- ❖ Lanolin ointment for nipples, witch hazel pads in case you need perineal repair

Sex during pregnancy

Pregnancy and birth often raise lots of questions for a couple. Mom's body is changing and your relationship will change from 2 members to 3.

Often, changes don't stop in the bedroom. You may become more moody or need to cuddle more, seeking a sense of security rather than feeling sexual. You even might become more active sexually.

However, most women are less inclined to have sex at some point during their pregnancies. For a partner, this can be frustrating, especially since neither partner knows how long this situation will last.

It's important for both partners to talk openly about their wishes. It can help to see difficulties as an opportunity to create new habits and be more active on other levels. Once the baby is born, it will happen more often that one partner's expectations are not fulfilled so it's a good thing to value new rituals. Discussing your problems with friends with kids also can help.

General information about sex during pregnancy:

- ❖ Your baby is safe in the womb, surrounded by amniotic fluid and "sealed" by the cervix and the mucous plug. Sex, no matter how intense, does not harm your baby.
- ❖ Many pregnant women have more sensitive breasts; sometimes the breast releases colostrum (pre-milk).

- ❖ Your vagina may bleed a little after intercourse, similar to the response after a vaginal exam by your OB/midwife. This is normal and harmless. If bleeding continues, if the flow resembles your period or is bright red, contact your OB/midwife.
- ❖ You might get some contractions during orgasm. This is normal and diminishes later during your pregnancy.
- ❖ If your pregnancy is normal, your cervix is closed at every OB/midwife visit and you are not prone to early contractions there is nothing you shouldn't do.

What to bring to the hospital:

- ❖ Insurance card and any essential hospital paperwork
- ❖ Birth plan, if you have one
- ❖ Nightgown(s)
- ❖ Bathrobe
- ❖ Slippers
- ❖ Pair of warm socks
- ❖ Hair band
- ❖ Lip moisturizer
- ❖ Basic toiletries
- ❖ Hot water bottle
- ❖ Something to cover you – hospital rooms are chilly!
- ❖ Massage oils or lotions
- ❖ Tennis balls or other massage tools
- ❖ Birth ball
- ❖ Music, iPod station
- ❖ Your own pillow
- ❖ Small battery operated fan
- ❖ Snacks such as chocolate, nuts, granola bars, Preggie Pops, juice, fruit (ask your care provider if you are allowed to eat during labor)
- ❖ Something to read
- ❖ Nursing bra
- ❖ Breast pads
- ❖ Baby clothes for the trip home
- ❖ Infant car seat

Preparing your perineum

- Use a perineal massage oil (like St. John's Wort oil from Weleda) and massage your perineum about 2 minutes every day starting at 37 weeks
- Ask your OB/midwife if he/she can put warm compresses on your perineal area once the baby starts crowning. This not only feels amazing, but also helps the tissue to soften so it tears less.
- Best position to give birth without a tear would be lying on your side or in the hands-and-knees position. Unfortunately, in New York only 5% of moms are allowed to give birth in a position other than the reclining position

When you are overdue...

- ❖ You might get impatient (so does your OB/midwife). Remember, that only 4% of babies are born on the expected due date and most first babies arrive well after the EDD.
- ❖ Your provider will give you a "kick-chart" where you track your baby's moves.
- ❖ Make sure you enjoy the time you and your partner have Together before the birth. Spontaneous restaurant-visits, going to the movies or sleeping in won't be possible for a while once your baby is born.
- ❖ Use every minute you get to rest and sleep.
- ❖ Pre-prepare an eggplant Parmesan. It's a huge portion that you can freeze and continue to eat after the birth.
- ❖ Take a warm bath. More circulation helps the body relax during labor.
- ❖ Have sex: stimulation of the nipples and kissing release the hormone oxytocine -- the "contraction hormone" (and the one that's artificially used in Pitocin). Also, sperm has prostaglandins, which again are used for induction, and help the body go into labor
- ❖ Start drinking red raspberry leaf tea: 2-3 cups a day, or...
- ❖ Brew your very own labor tea: boil 10 cloves, fresh ginger, 1 teaspoon cinnamon, verbena tea and red raspberry leaf tea in hot water. Drink 2 cups throughout the day.
- ❖ Eat hot and spicy food: meals containing cinnamon, cloves, cardamom, coriander, verbena and ginger.

- ❖ Is something stressful postponing your labor? Are you relaxed with your partner? Is the postpartum time planned and do you have enough help? Or do you just enjoy being pregnant?

When to go to the hospital

- ❖ Bleeding, especially when the blood is light red
- ❖ Amniotic fluid leakage, even when you are not sure whether it's discharge, urine or actual amniotic fluid
- ❖ Contractions occur every five minutes and last for one minute each over the course of an hour (5-1-1 rule)
- ❖ Not feeling well: upper ribcage pain, dizziness, fever
- ❖ You think something is not ok. It's better to get checked so you can relax rather than walking around with anxiety for days

Yummy Foods to induce labor

If you are getting close to or past your due date, you might be looking for some easy ideas to induce labor. I won't promise you that by eating eggplant parmesan you are guaranteed to go into labor, but we can tell you that according to one restaurant, eggplant parmesan may be just the trick to help get your baby's show on the road. Scalini's Italian restaurant in Cobb County, Georgia has almost 300 baby pictures lining their walls and all of these babies were born shortly after their moms ate the restaurant's eggplant parmesan dish. The secret to their recipe may lie in the ingredients. Basil and oregano contain properties that may stimulate contractions. Does it work to bring on labor? Well, you tell me! ☺

Want to try Scalini's famous eggplant parmesan recipe? Here's how to make it.

Eggplant Parmesan Recipe

Ingredients:

3 medium size eggplants
1 cup of flour
6 eggs, beaten
4 cups fine Italian seasoned bread crumbs
How much? Olive oil
8 cups of marinara sauce (see recipe below)
1/2 cup of grated Romano cheese
1/2 cup of grated Parmesan cheese
1/2 lbs of mozzarella cheese shredded
2 cups of ricotta cheese

Directions:

- ❖ Peel the eggplants (optional) and slice them into 1/4 inch slices. Using paper towels, press on the eggplant slices to get rid of any extra moisture. Salt and set them aside.
- ❖ Preheat oven to 375 degrees.
- ❖ Take your eggplant slices and lightly cover them with flour. Dip them in eggs and then in bread crumbs. Saute eggplant slices in oil until both sides are golden brown.
- ❖ In a baking pan, place a layer of eggplant slices and cover with sauce followed by ricotta, Parmesan and Romano cheeses. Continue layering the eggplant, sauce and cheese and end with a last layer of cheese. Cover with mozzarella cheese and bake in preheated oven for 25 to 35 minutes or until golden brown.

Eggplant Parmesan Marinara Sauce

Ingredients:

2 tablespoons chopped garlic
3 tablespoons olive oil
8 cups chopped tomatoes (fresh or canned)
1 cup onions chopped
1/2 cup fresh chopped parsley
1 teaspoon oregano
1 teaspoon crushed red pepper
1/8 cup of fresh chopped sweet basil
Pinch of thyme
Pinch of rosemary
One teaspoon salt
One teaspoon black pepper

Directions:

Saute onions and garlic in olive oil in a large sauce pan. Add your tomatoes and cook on medium high until sauce begins to boil. Reduce heat to low. Then add the rest of your ingredients. Cover sauce and simmer for about an hour.

This is for the birth partner: what's your role?

- ❖ Make sure mom eats a little before you go to the delivery room.
- ❖ Have snacks prepared for the delivery room -- not only for her, but also for you!
- ❖ Keep in close physical contact with her.
- ❖ Hand her water or juices on a regular basis (don't ask her if she would like to drink something -- she will probably say no anyway -- just give her the glass)
- ❖ Help her relax, breathe with her.
- ❖ Make sure she empties her bladder about once every hour.
- ❖ Make her feel safe when she panics. It helps to hold her closely or press firmly on her thighs, shoulders or hips if she needs grounding.
- ❖ Massage mom if she needs it.
- ❖ Tell her how great she is doing.
- ❖ Encourage her to stay in upright positions. Suggest new positions; make her try it even if she is not sure whether she will like it. Most "bend-forward" positions are good. Encourage her to take a warm bath.
- ❖ If she is in a standing position, make sure both her feet are fully on the floor and that her knees are slightly bent.
- ❖ If she is making high-pitched sounds, help her to bring the sound lower (relaxing the throat will help her open the cervix).
- ❖ Keep her feet warm.
- ❖ Understand that your partner may show very different behavior patterns under stress.
- ❖ Make sure you both are in a warm and safe environment with no interruptions and noise. Put on some music, scent the room with fragrant oil or whatever helps to create a good, calming atmosphere.
- ❖ Stay calm -- even if you don't feel like it. If you need help, contact your Doula/nurse.
- ❖ Apply counter pressure to your partner's lower back during a contraction.
- ❖ Use words of reassurance, reminding her about the normalcy of the process
- ❖ Offer words of encouragement, especially when the delivery staff is negative.
- ❖ Take breaks. If you have a Doula (or backup birth partner?), you can alternate. If not, ask your partner if it's ok to go outside. You will be more energized after.

- ❖ Ask the three power questions if you feel pressured by the birth team to do something: Is the baby okay? Is the mother okay? Can we have more time? (Or what is the risk/benefit of waiting, i.e., doing nothing).

Remember, your partner's job during the birth of your baby is to RELAX. Your job is to make sure that she CAN relax

Phases of Labor

Pre-labor phase

- irregular
- mucous plug may show
- membranes may rupture
- Slight diarrhea

Contraction:

Light back pain or tension in the groin

Cervix: may efface and open a little

“Entertainment-Phase,” last preparations for birth, take a walk, sleep, warm bath, become quiet and adjust to new situation, get to know your contractions, exercise breathing and relaxation, save energy, call Doula to inform

Emotional:

Excited, able to talk during contraction, anxious, joyful

Early labor

- Regular contractions
- length 60 sec, every 7-10 Min
- Not very painful

Contraction:

Stronger tension or pain in back or lower abdomen

Cervix: ca. 1-2 cm

Call OB/midwife, call Doula to come over, prepare for going to hospital/birthing center. Breathe slowly through each contraction. Find comforting positions, take a bath, get massage. Relax during breaks, stay up/walk/move as much as you can

Emotional:

Focused during contraction, able to get distracted during contraction, may still be able to talk during contraction

Active labor

- Stronger contractions
- length 30-45 Sec. every 3-5 minutes
- painful

Contraction:

Strong tension in lower back, thighs and groin

Cervix: ca. 2-6 cm

Relax, relax, relax. Breathe loudly through contraction, enjoy breaks

Emotional:

Confident, found rhythm, cannot talk or walk during contraction

Transition phase

-Contractions very strong
 -length 1 minute every 2-3 minutes
 -pale, shivering, sweating, diarrhea, nausea, vomiting, bloody mucous
 Contraction:
 More pressure
 Cervix: ca. 6-9 cm

Stay the course, find and change positions, let go

Emotional:

Apathetic, "high," fear of losing control, panic demanding, angry, pushy, weepy, "can't take anymore"

Pushing phase

-Very strong contractions
 -length 1 minute every 2-3 minutes
 -urge to push
 Contractions: pushing passive or active, pressure on intestine
 Cervix: ca. 9-10 cm

Relax into pressure, at peak of contraction, push downwards. Save all energy in between contractions

Emotional:

Burst of energy, looking forward to seeing baby, impatience, "can't take it anymore"

Postpartum phase

-One more contraction for birth of placenta

quiet, joy, peace, exhaustion, getting to know your baby, first latch-on



Tips and tricks for birth

To relax the cervix:

- ❖ Warm bath or hot water bottle.
- ❖ Relaxation with music, warm pillow, hands-and-knees-position.
- ❖ Pain medication.

To increase strength of contractions:

- ❖ Go to bathroom frequently (this relaxes your pelvic floor as well as gives more space for baby when bladder is empty).
- ❖ Dress warmly and walk around.
- ❖ Sit or stand up.
- ❖ Enema (stimulates soft muscles of large intestine as well as uterus).
- ❖ Cuddle
- ❖ Warm bath, hot water bottle

- ❖ Nipple-stimulation (releases the hormone oxytocin which is the “love”-hormone that creates contractions for birth and contractions of milk ducts when breastfeeding).
- ❖ Relax, talk about fears.
- ❖ Artificial rupture of membranes.
- ❖ Homeopathic remedies, acupuncture.
- ❖ Pitocin (IV).

To lower strength of contraction:

- ❖ Hands-and-knees-position.
- ❖ Warm bath. Warmth on your back.
- ❖ Homeopathic remedies, acupuncture.
- ❖ Stop of contractions with medication (IV).

To help baby engage in pelvis:

- ❖ Walk around.
- ❖ Go to bathroom often.
- ❖ “Shake” your pelvis, have partner shake pelvis intensively during contraction.
- ❖ Breathe “like a horse,” relax lips.
- ❖ Artificial rupture of membranes.
- ❖ Sit on toilet for several minutes.
- ❖ Lie on left side for 5 minutes, then on right side for 5 minutes, then on left.
- ❖ Pitocin, epidural.

Birthing

Oftentimes moms-to-be overthink the process of birth. It helps to create a birth plan to know what's important for you. However, once that is done, let it go. Birth will happen and you won't have a lot of control over the process. Think about having a Doula in the room so you have support not only for you but also for your partner.

The more relaxed you are before birth, the better outcome you'll usually have. Trust that your body will know what to do. Birthing has been going on for a while and instinctively you will know what's good for you. Find the right birth team/hospital/birthing center that is on your side and not opposed to your needs.

While in labor your body will release endorphins. We know endorphins from playing sports or having sex. Endorphins are "happy hormones" and one of them is oxytocin. The release of these hormones will put you in a "dream-like" state so you are able to go through labor without medications, assuming the birth team lets you do your thing and doesn't ask you to lie down and get continuous monitoring.

It's best for you and your baby to give birth naturally (without medications and/or an epidural) so your body can use its natural resources. However, every mom has a different birth. If you are having an induction, have been sleepless for the last several days or have a very long labor, of course it makes sense to look into pain relief medications.

Getting enough information about an epidural beforehand is key for good decision-making once you are in labor.

Infants lose more weight in the first postpartum days when labor medications are used, intrapartum fluids (including regular iv fluids) have been given and there was no labor prior to Cesarean. So if you are deciding for medical interventions make you you have a lot of support to breastfeed successfully.

Once your baby has arrived

- ❖ Often baby's nose and mouth will get suctioned.
- ❖ Your partner will be asked whether he or she wants to cut the cord.
- ❖ Your baby will get an Apgar Test. 2 points for each category: breathing, muscle tone, pulse, skin color and reflexes will be checked after 1, 5 and 10 minutes (see next page).
- ❖ A pediatrician will check baby if you are giving birth at a hospital.
- ❖ Your baby will be weighed and measured.
- ❖ Your baby will receive a Vitamin K shot, antibiotic eye drops and you have the option to agree to a hepatitis B shot as well.



THE APGAR SCALE

Immediately after birth, your baby's vitality is tested after 1, 5 and 10 minutes.

What is tested 0 Points 1 Point 2 Points

| | 0 Points | 1 Point | 2 Points |
|-----------------|------------|-----------------------------|------------------------------|
| Heart rate | Absent | Below 100 beats per minute | 100 beats per minute or more |
| Breathing | Absent | Slow or irregular | Regular |
| Skin color | Blue/white | Body pink, extremities blue | Pink all over |
| Muscle tone | Limp | Some movement | Active movement |
| Reflex response | Absent | Grimace only | Crying |

About breastfeeding

Breastfeeding is best for you and your baby. But in order to successfully breastfeed it is important to start off the right foot and don't get discouraged if things are a bit difficult in the beginning.

Breastfeeding right after birth

Keep your baby on your chest during the first hours after birth. Usually within the first hour after birth baby will start rooting. With the help of your doula or a nurse you can then latch on your baby. In the beginning your little one might not suck right away or not close the mouth around the nipple. Stay patient and don't get nervous -- this is normal. And if your baby latches on correctly, you will feel it tucking.

How and when should I latch on my baby after the birth?

Best would be to latch your little one on within the first 2 hours after birth. Infants who suckle in the first 2 hours ingest significantly more milk on day four than those who did not.

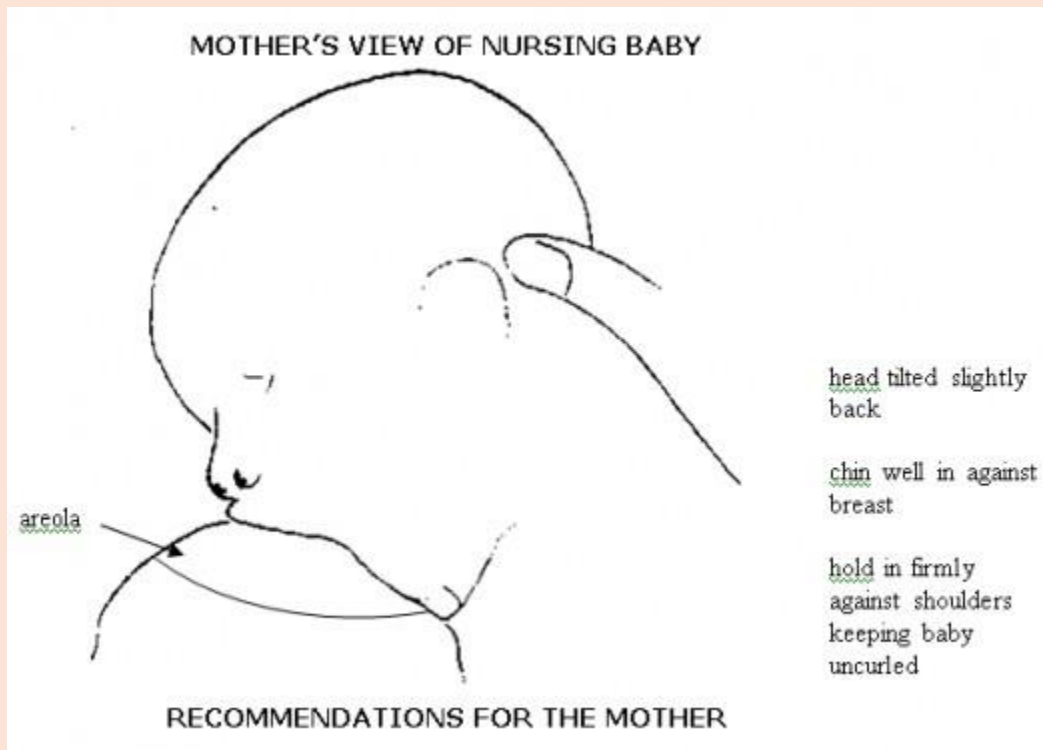
Make sure you breastfeed at least 8 times within the first 24 hours after your baby's birth. Have your baby skin to skin as much as possible

12 steps to a perfect latch: how do I latch on my baby correctly?

- 1) Take off a layer of clothes your baby is wearing so she doesn't get too warm.
- 2) Take off gloves if your baby is wearing them- baby will massage your breast while breastfeeding so the gloves would be in the way (hand massage will release oxytocin which you need for milk flow).
- 3) Sit comfortably and have your baby on the same level as your breast- a breastfeeding pillow can help.
- 4) Pull him close to your breast- his whole body should face you, the hips need to be aligned
- 5) Make sure your baby is "looking up" towards the nipple. The nipple is in front of the nose, not the mouth.



- 6) Make sure she opens her mouth wide before latching on
- 7) Make sure your baby latches on "asymmetric", so "nose-to-nipple". In front of your little ones mouth you can see the alveola- you can't see it below her mouth.



- 8) Make sure your baby is tummy-to-tummy or chest-to-breast, hips flexed.
- 9) Shoulders and hips align, arms and hands are around your breast.
- 10) You will feel tugging in your breast and nipple- no pain

- 11) If he screams at the breast, take him away again, calm him down first and then try again. A crying baby won't go on the breast.
- 12) Feed one side, then burp your baby, then feed the other side.
- 13) If she is getting sleepy between the two breasts you can change her diaper, this will wake her up again
- 14) The breast is not a pacifier! If you notice your baby is not drinking anymore but only suckling a bit- take him off the breast.
- 15) Burp him after and keep him upright 10 minutes to support digestion and avoid spitting up.

After a feeding

- ❖ Don't cover your breast at all times, let your nipples "breathe."
- ❖ After breastfeeding squeeze out some milk and let it dry on your nipple. This helps to heal cracked areas.
- ❖ Lanolin ointment helps beautifully when your nipples are sore.
- ❖ Get nipple shells to protect your nipples when wearing a bra.
- ❖ Use aluminum-free deodorant (most deodorants have aluminum) - it goes in your system and from there right into the breast

Liquid gold

Three days after the birth, your milk will "kick in." Before this, your breast milk will contain colostrum, which is very important for the first days after the birth. Colostrum is the main ingredient in giving your baby his first immune system and intestinal flora. When the milk is coming in, it means your body now has mature milk. The symptoms you might have include very warm breasts, pain in the breasts, swelling, chills, and sometimes fever. If your baby can't latch on well because your breast is swollen, put some warm cloths on your breast before feeding. Massage the breast and squeeze out some milk so the breast is getting softer. After breastfeeding, you may cool down the breast with cooling pads.

Please breastfeed exclusively!

Formula changes your baby's pH for 6 weeks, making them more prone to infections. Breastmilk is the "perfect food" for babies- it is easily digested and provides the best

mix of nutrients and antibodies necessary for babies to thrive. Breastfeeding helps your little ones gastrointestinal tract (and immune system) to develop and promotes good health, i.e. they have less incidence of jaundice, allergies, asthma SIDS and childhood cancers. Also breastfeeding promotes growth and reduces the risk of obesity later in life.

How do I know my baby is getting enough?

The first rule of feeding is to watch your baby, not the clock. Putting your baby on a schedule can be detrimental to your milk supply. But if you're letting your baby determine how often and how long to feed (rather than letting the clock dictate these times), you will be sure your baby gets enough milk and your supply stays strong. When your baby falls asleep, slows down nursing, or comes off the breast on his or her own, then switch sides. If your baby is still hungry, he will eat more. If not, start on that side for the next feeding.

The signs that will let you know your baby is getting enough include:

- ❖ Your newborn baby is nursing 8-12 times in 24 hours
- ❖ Your baby has at least 3 bowel movements per day after day 4
- ❖ Your baby's bowel movements change from black to green to yellow as your milk comes in (and should be yellow after day 4)
- ❖ Your baby should have 5-6 heavy, wet diapers each day after day 4
- ❖ Your baby gains 4-7 ounces per week after regaining birthweight (usually by 10-14 days)

All babies have days when they nurse more frequently, and some babies like to cluster feed (nurse every hour for a few hours). These behaviors are a normal part of breastfeeding and not an indication that something is wrong.

The hormone prolactin will produce your milk. If you nurse more often, the prolactin level will continue to stay up and also reach a higher level. If you have a higher level, you have more milk and your baby will gain weight more easily. Therefore it is important that you feed more often and shorter than less often and longer. If you breastfeed less often, therefore longer, your prolactin level will go down. So the ideal is to breastfeed more often, i.e. 8-10 times in 24 hours, about 15-45 minutes per feeding.

Benefits of breastfeeding for you

While we talk a lot about your baby's benefits of breastfeeding, there are a lot of benefits for you too!

- ❖ Mainly, right after birth breastfeeding prevents excessive bleeding after birth and helps to shrink the uterus to pre-pregnancy size sooner.
- ❖ Breastfeeding saves time and money and you don't need any extra time to prepare, it's right there.
- ❖ Risks of osteoporosis, as well reproductive system and breast cancers are reduced when breastfeeding
- ❖ Breastfeeding helps prevent excessive bleeding after birth and helps to shrink the uterus back to pre-pregnancy size sooner.
- ❖ Your natural weight loss is supported and continues the natural reproductive cycle of conception, pregnancy and childbirth
- ❖ If you breastfeed, night feedings are much easier and less disruptive
- ❖ Plus: breastfeeding makes you happy? It releases hormones that increase confidence, self-esteem and relaxation and helps mother-baby bonding

And more:

- Fewer workdays are lost by parents caring for sick children
- Future healthcare costs are reduced since both mother and baby are healthier throughout their lives
- Breastfeeding uses only renewable resources and produces only biodegradable wastes - breastfeeding is ecological in its production, consumption and disposal



Burping

Some breastfed babies just don't need to burp much. Others who gulp a lot of milk quickly at the breast may need to be burped (winded). Some moms try burping (winding) their babies when they are switching breasts, others just wait until they notice their babies seem uncomfortable. Either way is fine.

Some parents are concerned about the amount baby spits up when burped. Most of the time spitting up simply means your baby has eaten more than his or her stomach can handle, or maybe some of the milk is above an air bubble that is released with burping. Keep in mind it's not all milk that's being spit up – it's mixed with mucous and saliva. So when a baby spits up, it doesn't necessarily mean he's losing all he's eaten.

Most of the time spitting is a laundry problem rather than a health problem. If, however, your baby exhibits any of the following signs, you may want to discuss spitting with your baby's healthcare provider: vomiting that is forceful and causes

distress or discomfort for baby, any blood in the vomit or what looks like coffee grounds, bright green or yellow vomit, refusal to feed for more than two feedings in a row, lack of weight gain, and vomit accompanied by other signs of illness such as fever or difficulty breathing.

Cluster-feeding at night

Babies don't drink the same way in a 24 hour period and you might notice your little one wanting to feed more at night, as often as every hour between 6-11pm. Afternoon and evening milk has more fat and less volume than in the morning and therefore your baby will demand more of the high fat milk to help them grow into the next day. Usually after the cluster-feeding period, baby will have a good 3-4 hours of sleep during the night. Once your baby is one month old and gains good weight you don't need to wake him or her up during the night.

Medication

When labor medications have been used during labor, including IV fluids, infants lose more weight in the first postpartum days than when a mother didn't have any medication. The reason is that the milk ingredients are a bit different and babies are born with an unnaturally higher birth weight when the mom received IV fluids. If you had an epidural or a c-section your baby will particularly need to be observed more closely to ensure he or she gets nourished enough during their first days.

Nutrition while breastfeeding

You can eat pretty much everything. Food flavors will go into the milk; most babies love it!

Occasionally a baby does react to something in mom's diet – the most common culprits are cow's milk protein and gluten. Symptoms might include reflux-like spitting, green bowel movements with mucous or blood, and fussiness or gassiness. Eliminating the trigger from your diet can be difficult, but is worth the effort.

Many moms worry about consuming caffeine. Very little caffeine passes into breastmilk and studies show that it takes quite a bit to make any difference to baby. If you have an

overstimulated, fussy baby who has trouble settling and sleeping, consider and decrease all sources of caffeine in your diet (coffee, soda, tea, chocolate, etc.).

Alcohol

Experts say that an occasional alcoholic drink is not harmful when breastfeeding. Alcohol passes easily into milk, but also easily out of milk. Its effects on your baby are directly proportional to its effects on you. If you're not feeling the effects of alcohol, then there is very little in your milk to be passed along to your baby.

The amount of alcohol peaks in your breastmilk about 60-90 minutes after consumption (with food) and 30-60 minutes after consumption without food. It takes an average sized woman about 2-3 hours to eliminate a single serving of alcohol from her system. So the recommendation is to wait about 2 hours after a drink to feed your baby. Nurse right before your glass of wine or bottle of beer and by the time your baby is ready to feed again, you've passed the peak exposure.

Side effects of alcohol exposure include a sleepy hard-to-rouse baby who actually sleeps less overall. Alcohol may also inhibit let-down and change the smell or flavor of your milk, both leading to less milk taken by baby. Heavy alcohol consumption can lead to low weight gain, lethargy, and other safety concerns.

Will breastfeeding help me lose weight?

So most healthcare providers recommend eating an extra 300 calories each day since breastfeeding requires extra metabolic energy. If you're not consuming extra calories though, your body will start to use what it's got to make breastmilk, burning up fat stores and helping with weight loss.

How about diet while breastfeeding?

It's still important to eat healthy to feel your best, but increasing your amount of exercise and decreasing your number of calories may help you get back to your pre-pregnant weight faster. If you would like to lose weight, do so slowly, about 1-2 pounds per week, and wait until you have recovered from the birth to start.

I'm a smoker. Can I still breastfeed?

Experts recommend that if you are a smoker, breastfeeding still confers benefits to your baby and is a better choice than formula. Tobacco transmits not only nicotine but other harmful substances directly to breastmilk. The more you smoke, the greater the exposure for your baby. So, experts recommend quitting, or if you can't quit, cutting back on how much you smoke. If you can't quit try to decrease the amount you smoke, smoke shortly after breastfeeding, smoke in room away from baby or preferably outside, and wash your hands before handling your baby. Keep in mind second-hand smoke just as dangerous for baby, so any smokers should practice the tips above.

Is my milk supply low?

First, you need to determine if your supply is actually low. Is your baby nursing often, having plenty of wet and dirty diapers, and gaining weight? Do you hear regular swallowing throughout a feeding and does your baby seem satisfied afterwards you're your baby meeting developmental milestones? Then your supply is just right for your baby.

Around 7-10 days postpartum, many moms notice a decrease in swelling in the breasts. This is a normal change, not an indication that you have 'lost your milk.' Likewise, at 4-6 weeks postpartum, your milk supply will even out to perfectly match your baby's needs. In addition, your baby may go through growth spurts around 3 weeks, 6 weeks, 9 weeks, 3 months, 6 months, 9 months. Your baby may want to nurse more often for a couple of days during these times in order to boost your milk supply.

How do I increase my milk supply?

Milk removal is the key to increasing milk production. If you feel that your supply is truly low, the following may help:

- Make sure your baby is transferring milk well
- Nurse more often
- Switch sides several times during each feeding session
- Avoid bottles and pacifiers, unless medically necessary – meet all of baby's sucking needs at the breast

- Add pumping to your schedule throughout the day – you can pump for 5-10 minutes after every feeding, or find a couple of times a day to add a longer pumping session
- Wake to feed or pump at least once or twice during the night
- Consider using a galactagogue - a milk enhancing substance – in addition to more frequent feeding or pumping

Working with a knowledgeable breastfeeding counselor or lactation consultant can be critical when you are working to increase your supply. She can help you determine the root cause of the low supply, and provide additional suggestions for increasing the amount of milk you are making.

How can dad/partner help?

While it's certain that breastfeeding is an activity only moms can do, partners have a huge role, too. Here are ways you can support your breastfeeding partner:

- Learn about breastfeeding – you'll be the first person she turns to with concerns
- Help her with latch and positioning – bring the baby to her, hold the baby while she gets comfortable, help her with pillows, etc.
- Take care of the diaper changes, bathing and some of the comforting – there's plenty for you to do without feeding baby
- Bring the baby to her at night so that she doesn't need to get up
- Provide her with a drink and a snack while she's nursing
- Take charge of household chores (cooking, cleaning, shopping, etc.)
- Give her a chance to take a shower
- Take your baby for a walk, sing to your baby, cuddle your baby, take a nap you're your baby – enjoy bonding time
- Encourage mom with loving support – don't suggest bottles or formula at the first sign of trouble, have faith that she can feed your baby
- Help her get the help she needs – whether from a breastfeeding counselor, lactation consultant, physician or mental health professional, know where to turn for assistance



Myths about milk supply

Below are some common myths about your milk supply.

- "It's about breast size". Well, no. The proportion of glandular and fat tissue and the number and size of the milk ducts are not related to your milk production.
- "I am not getting enough fluids". While you should keep drinking as much as you did during pregnancy it makes no difference in the milk production when you drink less. You will be thirsty during breastfeeding which comes from the release of oxytocin and the fact that you have an antidiuretic (kidney) hormone active while you nurse

- “I am working too hard or don’t get enough rest”. Rest is not associated with increased milk production. If you don’t have enough milk it’s usually because baby hasn’t been feeding every 2-3 hours or the latch wasn’t correct. Contact a breastfeeding specialist to help you and keep your baby skin to skin most of the time

- “I am stressed/uptight”. Luckily this has no effect on how much milk you produce. Stress might alter your behavior or your baby might pick up on your stress and eat less which in turn leads to less milk. A few moments of deep breathing and centering can go far in these first months with baby.

Breastfeeding is fun and work at the same time!

Even though it takes much effort, you’ll likely find breastfeeding to be an enjoyable and bonding experience with your baby. Remember the following tips to help you along the way.

- Sleep when your baby is sleeping.
- Enjoy the quiet moments with your baby and be proud of the fact that you continue to produce everything that is needed for him or her to thrive
- Get pampered, and make sure you have a lot of help at home.
- Take care of yourself and enjoy this precious time with your baby!

Recipe for breastfeeding balls

Breastfeeding pralines contain protein, carbs and vitamins – basically energy!

Mix 1kg barley, wheat and oats, crush them and roast in a pan.

Mix in 300g cooked brown rice, 350g cold butter, 1 glass water und 300g honey.

Use your hands to make little “walnut-sized” balls. Put them in the fridge and eat about 4 daily. These pralines last about 2 weeks in the fridge.

Your babies weight

Breastfed babies tend to gain quickly for the first six months, and then more slowly afterwards.

Some babies lose a little bit of weight in the first day or so. Weight loss up to 7% of birthweight is considered normal. If your baby loses 7%-10% of birthweight, breastfeeding should be closely evaluated to be sure your baby is transferring milk. Most babies return to their birthweight by 10-14 days (though some babies take as many as 21 days).

Expect your breastfed baby to then gain four to seven ounces each week (conversion). Your baby's healthcare provider will track her weight on the growth charts included in this section of the App.

How to use a growth chart:

Growth charts provide an overview of how your baby is growing over time. Your baby's measurements are plotted on charts that illustrate percentiles. These percentiles were derived from averages calculated for babies the same of the same age and sex. Understanding the percentiles is sometimes the tricky part! If your baby is in the 50th percentile on the weight-for-age charge, for example, half of the healthy babies his age are heavier than him and half are lighter. What doctors look for when using these charts is consistency – is your baby staying on the same growth curve over a period of months? Any large deviation from the growth curve for your individual baby can signal a problem that warrants additional investigation.

Bottle feeding

Let's talk about bottle feeding. Many mothers can't wait to start pumping but it is generally recommended to wait with that until baby is one month old. Why? Because once you start pumping, your milk supply is getting confused. You might not have enough milk for the next feeding or suddenly end up having too much milk. Pumping needs to get started carefully and adjusted every day.

Why to pump or extract milk

Baby doesn't gain enough weight

It is time for pumping if your healthcare provider tells you the milk supply needs to be increased. Some babies can't get all the milk due to be born prematurely or with a low birth weight. They need to get pampered with extra milk. In this case, you would pump daily after every feeding for 5 minutes only. This is called "power-pumping" and helps to increase milk supply. You can mix milk from the same day together in the same storage bag or bottle. Make sure you write the date on the outside.

After every feeding or every other feeding you'd give your precious one the pumped milk with a spoon or cup. Try to not give a bottle until your baby is one month old. Chances are that baby won't go back on the breast once you give a bottle earlier. Being on the breast has a lot of benefits though. Your baby's blood circulation and breathing is better when skin to skin, cells from your baby's mouth go into your breast and change the breastmilk accordingly in a feeding and your ducts around the nipple create antibodies that protect your little one from infections.

Your nipples hurt a lot

If you can't have your baby on your breast due to nipple pain you can pump milk and feed it with a cup or spoon. Talk to a lactation consultant to check on baby's latch. In a few days you should be able to breastfeed again

You are not allowed to breastfeed

If you are having an infection like hepatitis, a syphilitic lesion or HIV, you won't be allowed to breastfeed your baby. In this case you could look into milk banks which exist in most countries. The WHO recommends to first see whether milk banks are an option before giving formula which only has 40 ingredients versus over 200 that breast milk has. Also formula is based on cow's milk which some babies don't tolerate.

How to choose a pump

Things to consider before you buy a pump:

- ❖ How much should you spend on a pump
- ❖ How often are you planning on using it
- ❖ How old is your baby/ how much milk will you pump
- ❖ How accessible and portable does the pump need to be (i.e. do you need to carry it to work every day)
- ❖ Which pumps do your friends use
- ❖ Would you like to rent a pump

Once you bought your pump, make sure you read the manufacturer's instructions before you use it. Most pumps need to be sterilized before usage which can take a few hours. If you are using a rental grade pump you should have your own personal pump kit. Do not share a pump unless it's in the hospital and the staff exchanges all the tubes.

How to start pumping

1. Make sure you have support when you start pumping. Best would be if a nurse, midwife, doula or lactation consultant is by your side for your first pump.
2. Start by expressing some milk with your hands first. Massage the breast for a couple of minutes.
3. The flange needs to be the right size for your nipple and be put on the nipple evenly.
4. Start with the lowest number and slowly increase.
5. Do not be discouraged if barely anything comes out during the first pumping sessions. Your body needs a few sessions to react to the higher demand.
6. Pumping milk on one breast while nursing on the other is an effective strategy for many women.
7. Relax while you pump, do not watch the milk coming out. Guided imagery may help, i.e. imagining a waterfall. Studies have shown that this can increase the milk flow by 40%
8. On day one pump 5 minutes after every breastfeeding ("power pumping"). This will increase your prolactin levels. Prolactin produces breastmilk.

Feeding expressed milk and formula to your baby

First consider cup feeding over bottle feeding. There is no bottle nipple that is most like the breast. Babies who are bottle fed (with either formula or expressed milk) may alter self-regulation of intake, contributing to later obesity. Cup feeding is as easy as bottle feeding and can be done by both mom and dad.

Benefits of cup feeding:

Cup feeding is the preferred supplementation of WHO/UNICEF, it is inexpensive, not much needs to be sterilized and babies drink as fast as from the bottle.

- ❖ Babies have less increase of heartrate vs bottle feeding.
- ❖ Your baby can pace her own feeding.
- ❖ He has better oxygenation.
- ❖ If your baby was born prematurely chances that he will be fully breastfeed some time are much higher.

When to use formula

If you don't produce enough milk it's time to look into other options. Check if your country has a milk bank with donated breastmilk. If not, look into formula options. Note however that formula changes baby's pH for 6 weeks even if given only once.

For all parents- safe handling of formula

Always observe the formula company's website. Formula is frequently recalled since it is not a pure substance. Make sure you are up to date with how to handle the formula. Keep the Lot numbers on the package of the formula.

- ❖ Formula can be contaminated in the collection and manufacturing processes and/or at home.
- ❖ Powdered infant formula is particularly prone to contamination. If your baby was born prematurely or is at high risk for an infection, rather feed non-powdered formula which usually is sterile.
- ❖ The WHO recommends mixing formula with water at a temperature of at least 70 degrees Celcius/158 degrees Fahrenheit to kill any harmful bacteria that may be present in the formula and could lead to infections.
- ❖ If you don't feed the formula right away, keep it refrigerated until feeding time.
- ❖ Avoid mixing up large amount of formula at one time, always prepare for one feeding only.
- ❖ Do not save leftover formula.

- ❖ Use the exact amount of water recommended on the label- use a measuring cup. Never stretch formula with more water. Stretching can have negative consequences for your precious one (i.e. seizures.)
- ❖ Sterilize the bottle/cup after every feeding. Rather use glass bottles than plastic bottles which can contain Bisphenol A, a harmful ingredient in many plastics.
- ❖ Burp your baby after every feeding and keep her upright for 15 minutes.
- ❖ If you are using both breastmilk and infant formula during the same feed, it's best not to mix them in the same bottle. This is simply to avoid wasting breastmilk when baby does not finish the bottle (since it contains formula, contents must be discarded at the end of the feed). Feed the breastmilk, then follow with formula.

Storage and feeding pumped breastmilk

If you will feed this milk within the next four hours, you can leave it out and feed it at room temperature. Otherwise refrigerate it for up to four days and if you still haven't used it by then, freeze it.

Tube feeding

Even if you are pumping there are also great tools to put your baby on the breast and have a bottle with milk taped to your shoulder that has a little tube going into babies mouth. Baby sucks on the nipple but will also get the milk through the tube.

How to bottle feed

Once your baby reached one month you can slowly introduce a bottle. Finally the partner can feed more and connect with baby. Here are some tips on how to bottle feed safely:

- ❖ Make sure you are sitting comfortably. Enjoy holding your baby and looking into his eyes as you feed him. Bottle feeding is a chance to feel close to your baby and get to know him.

- ❖ Hold your baby fairly upright for bottle feeds. Support her head so she can breathe and swallow comfortably. Brush the teat against your baby's lips and, when she opens her mouth wide, let her draw in the teat.
- ❖ Always give your baby plenty of time to feed.
- ❖ Switch from one side to the other side midway through a feed; this provides for eye stimulation and development, and thwarts the development of a side preference.
- ❖ When bottle feeding, keep the teat full of milk, otherwise your baby will take in air. If the teat becomes flattened while you're feeding, gently poke a clean finger into the corner of your baby's mouth to release the suction. If the teat gets blocked, replace it with another sterile teat.
- ❖ Your baby may need short breaks during the feeding and may need to burp sometimes. When your baby does not want any more milk, hold her upright and gently rub or pat her back to bring up any wind. This may only be a small amount.

About your baby

Cord care

- ❖ Make sure the cord stays dry. Don't bathe your baby until the cord has fallen off. Your pediatrician will check on the cord.
- ❖ The cord will fall off between 4-14 days after the birth.
- ❖ Breast milk helps when there is a bit of bleeding. Just squeeze some milk from your breast and put it on the navel area with a tissue.

Clotted eyes

Most babies get clotted eyes at some point. Again: breast milk helps, as does saline solution.

Baby's butt

- ❖ Best if you only clean it with water. Use wipes made from bamboo since they are much more environmentally friendly.
- ❖ If the butt gets red, you may be able to use calendula extract or zinc ointment (ask your pediatrician)
- ❖ Also if its butt is red let your little one lie around without a diaper for a bit. Air helps the healing process.
- ❖ Over the first few days the baby will get rid of all meconium. This is sticky and green. Then the "transition bowel movements" happen for a few days and by day 5, baby usually only has breast milk-based bowel movements, which are fairly fluid and look like yellow mustard.



Your baby's naps

| Age | Approximate hours of regular sleep per day | Plus Naps |
|--------------------|--|---|
| Birth to 2-3 weeks | 16 to 20 | |
| 3 weeks | 16-18 | |
| 6 weeks | 15-16 | |
| 4 months | 9-12 | 2 naps, 2-3 hr each |
| 6 months | 11 | 2 naps, 1.5-2.5 hrs each |
| 9 months | 10-12 | 2 naps, 1-2 hrs each |
| 1 year | 10-11 | 2 naps, 1-2 hrs each |
| 18 months | 13 | 2 naps, 1-2 hrs |
| 2 years | 11-12 | 1 nap, 2 hrs |
| 3 years | 10-11 | 1 nap, 2 hrs |
| 4-5 years | 10-12 | Usually no nap Source: Breastfeeding Outlook |

How should my baby sleep?

- Your little one should sleep on a hard mattress (never an old soft mattress, a couch or a pillow).
- Put your baby on his back to sleep.
- Baby should sleep in the same room as mom or dad (best would be both).
- Make sure baby is not getting overheated. If she is too warm her neck will sweat. The neck, incidentally, is the only area in which babies can sweat.
- Baby should wear only one more layer than you when in bed.
- A sleeping sack is a great solution – don't use blankets, pillows or comforters
- If you have pets, make sure they don't sleep in the crib as well.

About SIDS (Sudden Infant Death Syndrome)

In the 80s an ever-increasing number of children died of SIDS. Years of research revealed that the way a baby sleeps is a big factor for SIDS. These factors can be avoided. You can lower the risk for SIDS tremendously – so please:

- ❖ Don't overheat your baby.
- ❖ Breastfeed your baby – breastfeeding lowers the risk for SIDS.
- ❖ Don't smoke around your baby – even when you have been smoking outside, change your shirt and wash your hands afterward.
- ❖ Don't drink alcohol and then sleep in the same bed with your baby.
- ❖ Don't take medication (especially sleeping or anxiety pills) and then sleep in the same bed with your baby.

Your postpartum phase

Recovery after labor

Congratulations on being a new mom! While you are staring at this new bundle of joy, you might already notice some changes in your body after birth. During the days and weeks after the delivery of your baby (postpartum period), your body will change as it returns to its non-pregnant condition. As with pregnancy changes, postpartum changes are different for every woman.

Afterpains

- ❖ The first change that will be happening is that the placenta will be born within thirty minutes after your baby's birth.
- ❖ Think about whether you'd like to take the placenta home with you- you can hire an encapsulator or make a smoothie (no kidding!). Ask your doula to give you more information about it. Your hospital will give you a release form to take the placenta.
- ❖ Right after the placenta is born you will notice contractions called afterpains. The afterpains shrink the uterus for several days after childbirth and help to prevent too much bleeding. Shrinking of the uterus to its pre-pregnancy size may take 6 to 8 weeks. Afterpains are sharp abdominal (belly) pains that occur in the first few days after childbirth.
- ❖ Afterpains are most noticeable during breast-feeding. Breast-feeding triggers the release of oxytocin, which in turn causes the uterus to contract. These pains usually begin to subside by the third day after childbirth. If this is your first baby, you won't feel too much cramping, if this is your 2nd, 3rd or 4th birth, the cramping will increase since it takes more effort for the uterus to get to its original size.
- ❖ If afterpains are severe, your OB or midwife can prescribe a safe and effective pain medicine.

Vaginal bleeding

- ❖ Vaginal bleeding may last for about 3-4 weeks. Immediately after delivery, you will have a bloody discharge (lochia) from the vagina. This will turn pinkish within a week and become brown or yellowish after about 10 days.
- ❖ Use pads, rather than tampons, during this time.

- ❖ If you have a perineal tear next to the vagina or an episiotomy that is healing, change the pad at least every 4 hours to prevent irritation and infection. Don't be concerned if you pass occasional blood clots, as long as they are smaller than a golf ball.

How much bleeding is too much? Call your healthcare professional right away if you:

- 1) Have bleeding that soaks through your usual pad each hour for 2 or more hours.
- 2) Have bloody discharge that continues beyond 4 to 6 weeks.
- 3) Pass blood clots larger than a golf ball over several hours.

Just because you are bleeding it doesn't mean you are not fertile. You might ovulate 4 weeks after birth without noticing and could become pregnant again if you have intercourse. Make sure to use contraception so your body can recover for a few months before becoming pregnant again. Wait until you are healed (about 4 to 6 weeks) before you have sexual intercourse. Your doctor or midwife will tell you when it is okay to have sex.

Sore muscles

Sore muscles (especially in the arms, neck, or jaw) are common after childbirth. You might have squeezed your partner's hand or held on to a bar or a rope. The soreness should go away in a few days.

Vaginal soreness

- ❖ Vaginal soreness, including pain, discomfort, and numbness, is common after vaginal birth. Soreness may be worse if you had a perineal tear or episiotomy. An episiotomy is a cut the doctor or midwife makes in the perineum, which is the area between the vagina and anus. It is done to help deliver the baby more quickly or to help prevent the muscles and skin from tearing.
- ❖ The cut is made just before the baby's head comes out of the birth canal. It is stitched up after the birth.
- ❖ If you had an incision (episiotomy) or a tear in your perineum or vagina during delivery, your doctor or midwife will repair it with stitches. An ice pack will usually be placed against your perineum to ease pain and swelling. Make sure that you keep the area clean, wipe front to back when going to the bathroom or just use water to clean.

Constipation

Since your intestines suddenly have a lot of space your digestion will slow down after childbirth. Make sure you eat lots of fiber in the first days as a new mom and drink lots of water.

Sweating, swelling and lots of peeing

- ❖ You might have gained a lot of weight during pregnancy. At childbirth, you lose around 6kg (about 4kg for your baby, 1kg for your placenta and amniotic fluid, 1kg for sweat and blood loss) so what's going on with the other kilograms? Within the first days after birth you might notice more swelling in your legs and feet. You can reduce swelling by keeping the feet elevated when possible. Also inform your OB or midwife so they can monitor you more closely.
- ❖ After a few days you will "sweat and pee the swelling away". Especially if you are breastfeeding chances are that you will be going back to your pre-pregnancy weight within months. Most releases through sweat and urine within the first two weeks postpartum.

Help, I can't hold my urine!

- ❖ The lack of feeling when you go to the bathroom is caused by the nerves that connect your pelvic floor muscles being stretched during your baby's birth. It makes your muscles feel numb for a little while.
- ❖ Leaking wee when you cough, sneeze, laugh or exercise is very common after having a baby.
- ❖ In late pregnancy, your pelvic floor was put under great strain. The weight of your uterus, your baby, and the placenta and amniotic fluid, all bore down on your muscles. As you gave birth, your pelvic floor muscles relaxed and stretched to allow your baby into this world.
- ❖ You can strengthen your pelvic floor muscles by doing pelvic floor exercises. You may not feel much when you first do the exercises, or be able to do much more than twitch your muscles.
- ❖ Doing pelvic floor exercises three times a day, every day, should strengthen your pelvic floor muscles, and remedy the problem within a few weeks. But if doing exercises don't help, or if you are having difficulty peeing, speak to your OB or midwife.

If you had a C-section

- ❖ If you had a cesarean (C-section), you may have pain in your lower belly and may need pain medicine for 1 to 2 weeks. Your overall recovery will take about 2 months versus 1 week if you have a vaginal birth.
- ❖ Hold a pillow over your incision when you cough or take deep breaths. This will support your belly and decrease your pain.
- ❖ If you had a C-section, you will need to take it easy while the incision heals. Avoid strenuous activities, such as bicycle riding, jogging, weight lifting, and aerobic exercise for 6 weeks or until your doctor says it is okay to be active again.

How to take care of yourself

Most women need some time after delivery to return to their normal activities. It's important to focus on your healing and on taking care of your body after delivery. Until your doctor or midwife says it is okay, don't lift anything heavier than your baby. Get as much help as you can. Having a baby and breastfeeding is a lot of fun, but also a lot of work.

Your emotions

- ❖ After birth, your body changes rapidly. Having a baby can be both exhilarating and exhausting. It can bring much joy, but it can also challenge you in ways you never expected.
- ❖ Soon after giving birth, many women feel weepy and moody. You may be blessed with a beautiful baby and a loving partner, yet you find yourself crying or complaining over things that usually wouldn't bother you.
- ❖ You may also feel exhausted, unable to sleep or sleeping a lot. You may also feel trapped or anxious. Your appetite may increase or decrease, or you might feel irritable, nervous, worried about being a good mother, or afraid that being a mother will never feel better than it does right now. Rest assured: All these feelings — known as the "baby blues" or "postpartum blues" — are normal during the first couple of weeks after childbirth. In fact, up to 80 percent of new moms experience them.
- ❖ Emotional factors also contribute to the blues. You may feel anxious about your baby's well-being, your transition to motherhood, or adjusting to your new routine. Your new responsibilities can feel overwhelming.
- ❖ The good thing is that the baby blues aren't an illness, and they will go away on their own. No treatment is necessary other than reassurance, support from family and friends, rest, and time. Sleep deprivation can make the blues worse,

so make an effort to rest whenever you can. Even a ten-minute nap can leave you feeling better.

When someone you know has the baby blues

- ❖ Partners, friends, and relatives: The best thing you can do is reassure the new mother that many women feel this way after giving birth. She's exhausted, she's unsure of herself, and, if it's her first child, she's never done any of this before. No wonder she feels overwhelmed!
- ❖ Just listen to her. Encourage her to cry if she needs to. Tell her what a wonderful job she's doing. Keep visitors to a minimum. Take phone messages for her. Tell her she doesn't have to send out birth announcements now. Make dinner for her. Help her create a schedule and set priorities — things that must be done versus things that can wait.
- ❖ Give her permission to take care of herself, too. Insist that she rest as much as possible, and volunteer to watch the baby while she naps. Above all, let her know you're there for her no matter what.

Baby blues or postpartum depression?

People often confuse the baby blues with postpartum depression (PPD) because they have common symptoms. So how do you know whether you're going through the baby blues or a clinical depression?

If you're in the first couple of postpartum weeks, expect some emotional upheaval. But if you continue to feel this way for more than two to three weeks after giving birth, call your doctor, doula or midwife and seek professional support. The same goes if you have a history of depression, if there's depression in your family of origin, or if symptoms — such as negative thoughts or feelings of anxiety — are particularly troublesome.

A few words for the partner

Congratulations on being a new parent! Don't be surprised if- in addition to being proud and overjoyed- you're also exhausted and your body hurts. Giving birth takes a lot for the birth partner, too.

Realize that your partner was challenged much more. She is incredibly sensitive now because her hormones are "inside out". Her body will return to pre-pregnancy-mode" within days. It took 9 months to get the baby ready to be born, now everything changes back within a few days.

The first days with a newborn start a new phase of your life and will include both happiness and insecurities. Suddenly, you can't sleep through the night anymore. You can't eat on time and things you were used to (like being alone from time to time or seeing your friends) won't be possible anymore. You might feel left out, sometimes even jealous of your baby because it's taking all of your partner's attention.

Take time to get to know your little one. Your role is very important. If you can, take a few weeks off after the birth. Carry your baby around when she is crying or put her on your chest and connect. Your partner is 9 months ahead of you, so naturally it might take a while before you can actually feel connected.

Don't think you can't do it, because you can. Use your intuition and if your baby doesn't like something, a big cry will tell you. Talk with your partner about expectations and try out things together rather than taking advice from all sides.

A newborn mom needs a "newborn feeling" around her.

She needs to get nurtured. Who is doing household chores? If you can afford help, hire help. The only chore your partner should do within the first month is breastfeed. She needs a nice surrounding, clean house, good food and a partner who has time for her and your baby.

Even if your partner seems perfectly fine and energetic the first days after birth- remember, it was a birth! Her hormones are flying right now and if she doesn't take care of herself, she could soon crash. Make sure you pamper her- she will be grateful forever and you have set a wonderful foundation for your new family.

Sex after birth

- ❖ So when can we have sex again? The general answer is that whenever you like after 3 weeks and when your lochia (aka vaginal discharge) is diminishing. **BUT AGAIN: if you are breastfeeding, make sure you think about contraception.** Breastfeeding is not a safe method of contraception, even if you have been breastfeeding for months and haven't gotten your period for months. You ovulate 2 weeks before your period and you can't see/feel/track when you ovulate.
- ❖ Your genital area will feel different and may even hurt when having intercourse. If it continues to be painful, please see your OB/midwife and then a pelvic floor specialist. Sometimes scars make this area hurt and this can be resolved easily.

A checklist of 33 time-tested baby calmers

- | | |
|--|---|
| Wearing baby in a sling | Magic mirror |
| Dancing with baby | Fire in fireplace |
| Swinging baby | Gazing at traffic |
| Car rides | Watching parent on exercise machine |
| Pushing baby in a carriage | Watching television or video |
| Taking a walk | Infant massage |
| Nursing while walking with baby | Put a U-shaped towel around the baby |
| Draping baby over a beach ball | Neck nestle |
| Comfort sucking: nursing, pacifiers | Creating the most peaceful home environment |
| Music, tapes of womb sounds, heartbeats | Sharing a warm bath |
| Echo baby's cry | Eliminating bothersome foods from mother's diet if breastfeeding, or changing formula |
| Tick-tock of clock or pendulum swing of grandfather clock | Drape red cloth over lamp so it creates red light |
| Singing lullabies | |
| Vibrating, humming gadgets wrapped in diaper or blanket | |
| Running water | |
| Tape of environmental sounds | |
| Metronome | |
| Ceiling fan, bathroom fan | |
| Sounds of vacuum cleaner, dishwasher, washing machine, air conditioner | |
| Show baby your "silly face" | |

