



# Caring for Yourself and Your Baby After Delivery

Information for women and families

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**C**ongratulations on the birth of your baby! You'll probably spend a very short time in the hospital after your baby's birth. We encourage you to get to know your baby by keeping him in your hospital room with you. Our staff is always nearby to help out or answer questions.

*This booklet gives you information about caring for your new baby and yourself. We want both of you to be healthy and happy at this exciting time.*

### ***Looking at your baby***

Many parents don't know how newborns should look and may expect their baby to look "perfect." You may be surprised by your baby's appearance right after birth. She may appear bluish or slightly gray. Your birth attendant will suction the baby's mouth and nose with a small bulb-like device to remove any mucus or amniotic fluid. Once the baby starts to cry and begins breathing, she'll become pinker and pinker. Sometimes, a baby's hands and feet stay bluish for several hours. This is completely normal and happens because the blood circulation in her hands and feet hasn't fully developed.

### ***Starting at the top***

Your baby's head is the largest part of her body. Because the head is the first part to come out, it may have been pushed and squeezed during birth. The skull bones in babies are very soft. This allows their heads to be "molded," or shaped to pass through the birth canal. This is a normal process and does not cause any damage to the brain. Don't be alarmed if your baby's head is a little misshapen or elongated. It will become rounder in a few days. Bruising and swelling of the scalp, as well as lumps (called hematomas), are also very common. These will disappear in time.

An average baby will weigh seven to eight pounds and is 19 to 21 inches long. Newborns have weak neck muscles, so it's important that you support their wobbly heads. By



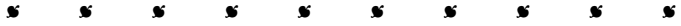
four weeks old, babies will begin to have better head support. You may be concerned about the “soft spots,” called fontanels, on your baby’s head. They allow for the head to mold during birth. The larger soft spot on top of the head will close around 18 months of age. The smaller soft spot on the back of the head should close by six weeks of age. Gentle rubbing of these areas during shampooing won’t hurt your baby.

In the womb, your baby’s skin is protected by a white, creamy substance called vernix. As your baby nears full-term, most of the vernix will disappear and may only be found in the skin folds. You may also notice a fine downy hair covering your baby’s arms, shoulders and back. This is called lanugo. It will gradually go away.

Many babies are born with bumps and rashes that are perfectly normal. They may have tiny white pimples on their noses, chins and cheeks. These aren’t really pimples, but tiny cysts called “milia,” caused by the obstruction of hair follicles. You shouldn’t squeeze them. They will disappear on their own within the first few weeks.

Babies may also have pinkish-red, flat marks on their eyelids, forehead or neck, known as “stork bites.” They will slowly fade and disappear by age two. They may appear darker when the baby cries.

Because your baby’s skin is sensitive, he may develop a rash or dry, peeling skin. A blotchy red rash may appear in the first days of life. This is called “newborn rash.” It will disappear without treatment in several days. Your baby can have dry, peeling skin on his hands and feet. This happens because skin that has been in a water environment for nine months is now being exposed to air. No treatment is necessary, but if you use lotion, use only a little.



### **Breathing**

A baby's breathing is usually irregular. This means that the baby may breathe fast for a few moments and then slow down. This is completely normal.

### **Senses**

Your baby's eye color at birth is usually dark blue or brown. Permanent eye color is usually present around six months of age, but changes can occur throughout the first year. Babies may appear cross-eyed because their eye muscles aren't well-developed. By six months, her eyes should be focusing together.

Your baby can respond to visual stimulation. For example, when a bright light is flashed into her eyes, she'll blink. A newborn prefers looking at human faces and eyes, and bright, shiny objects. Her vision isn't well-developed, but she can focus on things 12 to 15 inches away. This is the distance from the baby to her mother's or father's face when being cradled in their arms.

Your baby's senses of hearing, taste and smell are well-developed at birth. A newborn will become alert and search for a sound he hears. At birth, babies have a good sense of smell and can recognize their mother's scent.

### **The effects of hormones**

Both male and female babies' breasts may be swollen at birth. This can happen when the mother's hormones pass through the placenta before birth. The same hormones may also cause the genitals in both sexes to be swollen or enlarged. The effects of hormones disappear in a few days to a few weeks. A baby girl may also have a pinkish vaginal discharge for a short time. This is also normal, caused by hormones.



### **Other normal occurrences**

Your baby's stomach will appear round and large. This is because he has poor abdominal muscle tone. The umbilical cord stump will continue to dry and will usually fall off in one to three weeks. Cleaning the umbilical cord with rubbing alcohol three times a day may help speed the drying process. You can switch from sponge bathing your baby to tub baths once the cord has fallen off. Your baby's arms and legs are short for his body. Your baby probably will keep his arms bent and held close to his chest, with his hands curled like fists. His legs will often stay flexed in a fetal position and may look bowlegged. The hands and legs will become less flexed and their movements smoother during the next few months.

Babies are fascinating little people. Take all the time you want to hold, touch and look at your baby for all those special qualities that make your baby unique!

### ***The Apgar Scoring System***

Your baby's first exam is done at one minute and five minutes after birth. This evaluation is called an Apgar score (named after its developer, Virginia Apgar, M.D.). The Apgar score can show how well the baby tolerated labor, delivery and the move to the outside world. The scoring is based on checking five things: heart rate, breathing, muscle tone, reflex irritability and color. Each sign is given a score of zero, one or two points. The scores from the five signs are then added together with the highest possible total being 10 points. Most babies' Apgar scores range from seven to 10.

### ***Infant safety in the hospital***

1. Never leave your baby alone! Even if you are just going to the bathroom, pull the portable crib close to the door.
2. For your safety, do not carry your baby into the hallway.
3. Babies are transferred to and from the nursery by staff members only. All staff members wear a hospital ID badge.



4. Never give your baby to anyone you don't recognize as one of your caregivers. If you're not sure, check with your practitioner.

### ***Circumcision***

The decision to circumcise is personal. Being informed can help new parents to be comfortable with the choice they make. Please refer to the AGH booklet, "The Journey Continues" for a discussion about circumcision, the risks, benefits and social issues.

### ***Protecting your baby with newborn screening***

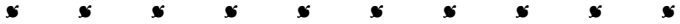
One to two days after your baby's birth, he will have a blood test. Pennsylvania law requires that all babies be tested for the following:

***PKU:*** Babies born with PKU cannot break down phenylalanine, a part of food protein. It builds up in the body, causing damage to the baby's growing brain. A special milk and diet are used to treat PKU.

***Hypothyroidism:*** Babies born with this problem don't have a thyroid hormone. They may look normal at first, but grow slowly and become mentally retarded. These babies are treated with a special medicine every day.

***Sickle cell anemia:*** This disease affects the baby's red blood cells. These babies get sick and may die of common infections. Infections can be prevented with medicine.

***Maple syrup urine disease (MSUD):*** Babies born with MSUD cannot break down a part of protein. It may cause severe mental retardation, or even death, at an early age. Treatment is with a special milk and diet.



To test for these diseases, several drops of blood are taken from your baby's heel and sent to a state-approved lab for testing. Test results are usually known within one week, but you will only be notified if any of the findings are abnormal. If your baby needs more tests, you or your practitioner will be contacted.

### **Early treatment can prevent serious problems**

These disorders can cause severe health problems, but early treatment can help your baby. Your baby must be tested before leaving the hospital. You can only say "no" to the test for religious reasons, and you must sign a release form.

### **Supplemental screening**

In addition to the newborn screening test, many hospitals, including AGH, offer a supplemental newborn screening. This is used to check for more than 35 inherited disorders. Although many of these are rare, they are usually serious, and some may be life-threatening. Others may slow down physical development or cause mental retardation. These disorders can affect a child very early in life. So, prompt testing and diagnosis are important. This test costs about \$20 and is usually covered by your insurance.

*This information has been provided by the Pennsylvania Department of Health (1-800-692-7254) and Pediatrix.*

### ***Caring for yourself after delivery***

While you were pregnant, your body went through many changes. Now that you've delivered your baby, you'll notice other changes as your body returns to the way it was before you were pregnant. But, these changes won't happen overnight. They'll take about six to eight weeks. During this time, you should be especially careful about your activities, diet and hygiene. The following information will help you understand and adjust to these changes:



### **The uterus**

Your uterus is the first to change. After delivery, it begins to get smaller, but still weighs about two pounds. In the first few days after birth, you can feel the top of the uterus at your belly button or a little below it. The uterus will feel hard and round. The nurses will be checking your stomach to make sure the uterus is hard and getting smaller. But even though your uterus is hardening and shrinking, your stomach might not do the same thing as quickly. Many mothers are surprised that their stomachs stick out a little as if they were still pregnant. Remember, your stomach muscles stretched a lot during pregnancy, and it will take time for these muscles to tone up again. See page 9 for a simple exercise to help tone these muscles.

You may feel cramping for several days after birth. Second- or third-time moms and those who breast feed feel these cramps more often. Cramping of the uterus is normal. It's a healthy sign that your uterus is starting to get smaller.

### **Vaginal discharge**

After delivery, you will have a bloody discharge called lochia. For the first one to three days after birth, it will be reddish and smell like menstrual discharge. This discharge gradually changes to whitish pink or white. It will decrease each day but may last for three to four weeks after delivery. You shouldn't use tampons or douches, or have intercourse, until the discharge has completely stopped, because anything placed inside the vagina may cause an infection.

### **Return of your period**

If you're not breast feeding, you should get your period six to 12 weeks after delivery. If you're breast feeding, your period may not start until your baby stops breast feeding. Your first period will probably be heavier than usual, and your cycle may also change.



You may become fertile **before** your period returns. If you don't want to get pregnant again right away, use some type of birth control every time you have sex.

### **The perineum**

This area includes the openings to the urinary tract and vagina and extends back to the anus. This is the area where most of the pressure and stretching have to occur for delivery. You may have some swelling and bruising in this area. If you had an episiotomy, you'll have stitches in the perineum.

To help make you more comfortable, put ice packs on this area for the first 12 hours after delivery. Then take a warm sitz bath several times a day. You may alternate heat and cold if it feels good. You can also use medicated sprays or ointments that you'll get while you're in the hospital. Over-the-counter painkillers are also available and are safe to take even if you're breast feeding. If you have stitches, they will gradually dissolve during the next seven to 10 days.

The vagina has stretched from the baby passing through and made these muscles weak. You can do Kegel exercises to get these vaginal muscles back in shape. To do these, slowly squeeze and relax the muscles that you use to start and stop urination. You can do these in sets of five, several times a day. Making these muscles strong again is important. If they stay overstretched, they may cause you to leak urine when you sneeze, cough or laugh, or lessen the pleasure of sex. Also, if these muscles don't get stronger, the bladder, uterus and rectum will lose some of their support.

You may have noticed hemorrhoids during your pregnancy or right after delivery. Sitz baths are a great relief for hemorrhoids, and your practitioner may prescribe additional medication if needed. Using a special chair pad called an "egg crate" will make sitting more comfortable. These chair pads are available in the hospital.



It's important that you keep the perineum clean. You'll learn about proper perineal care while you're in the hospital. Once you are home, carefully rinse your perineal area with warm water at least twice a day and after you go to the bathroom. Always remember to wipe the perineal area from front to back, and change your sanitary pad often.

### **Bladder and bowel function**

You may have problems urinating after delivery. This can be caused by anesthesia, or from swelling and bruising around the urinary opening. Doing the Kegel exercises soon after birth, or using a sitz bath, may help you to urinate. If you can't urinate, tell your nurse or practitioner. During the next several days after birth, you'll probably notice that you're urinating more. This is just your body's way of getting rid of all the extra fluids it accumulated during pregnancy.

Your bowel movements may not be regular right away. This is because of decreased hormone levels, decreased muscle tone in the intestines and decreased pressure in the abdomen. You may be worried about having your first bowel movement because you think it will be painful or tear your stitches. Many women don't have a bowel movement until the second or third day after birth. To help yourself have a bowel movement, drink eight to 10 glasses of water each day, and eat plenty of fruits, vegetables and foods high in fiber. Your practitioner may also recommend a stool softener or laxative.

### **The breasts**

Pregnancy caused your breasts to get larger and darken the areola (the ring around the nipple) to prepare for breast feeding. When the placenta separates from the uterus, it signals your body to start making milk. At first, your baby gets the first milk, called colostrum, which is rich in antibodies to fight infection and very high in calories.



You will begin making mature milk about two to four days after delivery whether or not you are breast feeding. Your breasts may feel very swollen and tender, which is called engorgement. If you are breast feeding, this usually goes away when the baby starts nursing. If you don't plan to breast feed, you can wear a support bra and apply ice packs to your breasts to relieve the swelling and tenderness. You should also avoid stimulation to the breasts. Within 24 to 36 hours, the engorgement will usually be gone.

Practitioners don't recommend any type of medication to "dry up" the milk, because of the possible side effects.

### **Postpartum warning signs**

Although most women have a normal recovery after delivery, sometimes there are problems. If you experience any of these problems, call your practitioner immediately:

- Heavy vaginal bleeding not controlled with rest (soaking one pad an hour or passing large clots)
- Fever over 101° Fahrenheit even once, or if it is over 100.4° F twice, four hours or more apart
- Worsening stomach pain
- Sharp pain at your C-section incision, or any redness, swelling or drainage
- Painful/swollen spot, reddened area or red streak in the breast(s)
- Fainting
- Urinating frequent, small amounts with burning or pain
- Unusual odor to your bleeding or discharge
- Severe headache not relieved by rest and Tylenol®
- A painful, swollen leg
- Thoughts about suicide or depression
- Thoughts about harming your baby



### **Nutrition for new moms**

What you eat in the weeks right after delivery is very important. Recovering from pregnancy and delivery is a big adjustment for your body. Good nutrition helps your body heal, helps in breast feeding and gives you energy to care for your baby. Keep meal planning easy. Accept offers from friends or family to help with cooking or shopping. If you are really organized, you may want to plan ahead of time by preparing meals and freezing them while you are still pregnant.

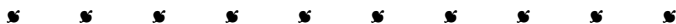


The number of calories you'll need depends on whether you're breast feeding or bottle feeding. If you're bottle feeding, you'll need about 2,200 calories a day. If you're breast feeding, you'll need an extra 500 calories a day, or 2,700 calories. If you continue your healthy pregnancy diet, your

extra weight will come off easily over time. These calories should come from fruits, vegetables, protein, dairy products and whole grains. Also, drink 10 to 12 glasses of fluid each day. These are just general guidelines. The number of calories you need each day will depend on your height, weight, age and activity level.

### **Losing weight**

Many new mothers can't wait to fit into the clothes they wore before being pregnant. But remember, it took nine months of building a healthy baby to get you in this shape, and it doesn't melt away overnight. Losing weight too fast can stress your body just when it needs energy to recover from birth. There aren't set rules about losing weight after birth, but right after delivery, most will lose about 13 pounds. By the 12th day after delivery, another three should be gone. By the sixth week, any extra weight that remains is caused by extra fat and breast tissue.



Losing weight after pregnancy is different for every woman, and from one pregnancy to another. Don't be too hard on yourself. Just keep eating right and set your goal for a total weight loss of one to two pounds a week. Your pregnancy diet minus about 300 calories a day is a good way to start, unless you're breast feeding. Don't try to diet while breast feeding.

### **Activity and exercise**

How active you are the first few days after birth will depend on whether you had a vaginal or Caesarean birth. Generally, mothers who are up and moving early after delivery feel stronger by the end of the first week. Walking in your room and in the hallway is a good way to start. Early exercises are light and require little energy, but should be included in a progressive plan.

Kegel exercises are very helpful to restore tone to vaginal muscles (see page 11) and may be started right away. Also, you can begin exercises to tighten your stomach muscles in the hospital right after vaginal delivery and within a week after a C-section. Lie flat in bed without a pillow. Inhale, tighten your stomach and lift your chin onto your chest. Hold for five seconds. Exhale, relax your stomach and lower your head to the bed. Start with five head lifts in the morning and evening, increasing slowly to 15 lifts, three times a day.

No other exercise should be done following vaginal delivery until bleeding has stopped. This includes aerobic activity, weight lifting, sit ups or pull ups. After the sixth week following the birth of your baby, with your practitioner's permission, you may begin a general exercise program. Think of exercise as a gift to yourself. It not only gives you more strength and energy, but also provides a "time out" when you can take a short break from the baby and pay attention to yourself.



## Sex

You may have sex four to six weeks after vaginal or C-section delivery, or once your bleeding has completely stopped and you are comfortable. In the meantime, you and your partner can show love and affection by touching and kissing. Some mothers may have discomfort during intercourse because of vaginal dryness. Water-based lubricants, such as K-Y Jelly®, Replens® or Astroglide®, may be used. Contraceptive foam also may help with lubrication.

If you feel tenderness at the episiotomy site or C-section incision, try changing position to lying side to side or with you on top. You may feel tense because of the new baby, making it hard to relax. You also may feel overwhelmed by motherhood and have no interest in sex. This is temporary, and normal feelings will return once you get comfortable with your new baby. When making love, try not to have the baby in the same room, which can be too distracting and may keep you from relaxing and enjoying yourself.

## Contraception

It's possible to get pregnant after delivery, even before your period returns. If you don't want to become pregnant right away, you need to use birth control.

- A diaphragm can be fitted at your six-week check-up, if you choose. Don't rely on the diaphragm you used before delivery. It may not fit any more or work properly.
- You may take birth control pills, as directed by your physician.
- Condoms (male or female) can be used. They are more effective if used with contraceptive foam, suppositories, cream, film or gel.
- Breast feeding **is not** a guaranteed method of birth control.

## Your six-week check-up

Call your physician's office to schedule a check-up for six weeks after delivery.



### *Tips for the first month*

After your baby is born, you'll feel excited, happy and proud. You may also feel overwhelmed. You have to get used to new responsibilities as a parent while you're still recovering from the birth. Ask your family and friends to help with cooking, cleaning, shopping and babysitting if you can. Most people enjoy being part of the excitement a new baby brings, so don't be too proud to accept help!

Some basic "survival skills" for the first months are described below. Use your common sense about what you, your partner and your baby need in the first weeks after the birth.

#### **Nap time for mom**

Rule No. 1 for new moms: When the baby naps, you should nap, too. Don't start cleaning the house or doing laundry! Turn on the answering machine, and sleep at the same time as your baby. You will probably be up during the night, and you need to catch up on rest whenever you can. This goes for both parents.

#### **Limit visitors in the early weeks**

Your family and friends will want to share in your excitement. But they should respect your need for privacy and time to bond with the new baby. Set some ground rules before the baby is born. Many new moms refuse all visitors for the first few days or limit company to the immediate family. When visitors come, remember these things:

- ❖ Don't worry about feeding or entertaining your guests.
- ❖ Don't apologize if the house isn't clean or neat. Cleaning isn't your first priority in these early weeks.
- ❖ Don't wake a baby who has just fallen asleep to show him off to company.
- ❖ Cancel a visit if you didn't sleep the night before.
- ❖ Excuse yourself to breast feed if you're not comfortable feeding in public. Take your time with the baby, and don't try to hurry back to your guests.



- If young visitors want to see the baby “close up,” they should be carefully supervised.
- Accept any and all offers that are helpful!

### **Find support**

Find someone friendly to talk to about your day. Your partner is an excellent choice, but you may also have a friend or relative who is very understanding. Other parents can help you, because they’ve gone through many of the same things. Newborn “support groups,” which get together once a week or so, allow new parents to compare notes (and babies to start to socialize).

### **Take time for yourselves**

Try to spend some time alone with your partner. It may only be an hour or two in the early weeks, but a little later, you can make a date night once a week. Happy couples make happier parents.

### **The “baby blues”**

About 70 percent of all new mothers experience mild depression in the first few days after giving birth. This is caused by a quick drop in hormone levels and is probably worsened by fatigue and all of the other physical and emotional changes that are occurring. You will know you have the “baby blues” if you find yourself suddenly crying for little or no reason, and you may feel confused, forgetful, anxious, irritable or tired.

Some things that you can do to help yourself are:

- Don’t try to do everything yourself. Rest when you can; nap when the baby naps and, if possible, have your partner help with nighttime feedings or other chores.
- Shower and dress daily. Getting back to your normal routine can help you feel better about yourself.
- Try to get out of the house for a few minutes each day, even if it’s just to walk around your yard. Get a babysitter, or take the baby with you.
- Eat nutritious meals and snacks.



Spend time with your partner, and talk about how you feel. This will probably make you feel better.

### *Postpartum depression*

If the “blues” don’t go away after a few weeks, you may be experiencing postpartum depression. It can begin at any time during the first year after giving birth. Postpartum depression can be serious. **You need to seek professional help.** Call your health-care provider if you have any of these feelings:

- Baby blues that don’t go away after two weeks, or strong feelings of depression or anger one to two months after giving birth
- Trouble sleeping, or sleeping for a long time with difficulty waking up
- Difficulty concentrating, remembering or making decisions
- No energy (feel sluggish, exhausted, fatigued)
- Appetite changes (lack of appetite or excessive appetite)
- Fear of harming or being alone with the baby
- General fear of not wanting the baby
- Scary fantasies or religious preoccupations that you don’t normally experience
- No longer enjoy things you used to find pleasurable
- Feeling out of control or having no feeling about things you used to care about
- Unable to respond to the baby’s needs
- Unable to care for yourself or the baby
- Thoughts of harming yourself, including suicide or thoughts of harming the baby. **Call your physician/ caregiver immediately or go to the nearest emergency room!**

See Resources section for more information on postpartum depression.

### **Stress and parenting**

Being a parent is hard. It demands a lot of your time and your patience. As you learn how to be parents, you also learn how to deal with the pressures that go along with it.



Sometimes being a parent is fun, sometimes it's demanding, sometimes it's rewarding, and sometimes it's routine. If you ever feel lonely, trapped, angry or tense, you may be experiencing stress. You may, at times, feel like climbing the walls, or you may be unsure about how to discipline your child. These, too, could be signs that you are experiencing stress.



Stress is pressure from the outside causing tension inside. Everyone has stress in her life. In fact, stress can actually motivate us, so some would say we all need some stress in our lives!

Handling stress in a positive way makes you feel good because you're in control of your life and your children's lives.

Here are two steps to follow when you feel like stress is taking over:

1. Find the causes of stress in your life, and see if there is any way you can make changes to relieve it. If your expectations are too high, change them and avoid asking too much of yourself or your children.
2. Set reasonable goals — for example, one or two chores you want to get done, then check off as you do each one.
3. See page 36 for resources for new parents/community and support groups.

### *Caring for your baby* **Shopping for the baby**

Preparing for your new baby can be a lot of fun. But, with so many baby products available, deciding on what supplies your baby really needs may be difficult. Here are some tips:



## Layette

Remember that babies outgrow clothes very quickly! For suggestions on what to buy, read pages 32 and 33 of the “Mid- to Late Pregnancy” booklet.

### First priorities:

Infant car seat

Crib, cradle or bassinet

Bumper pads

Baby-size bathtub or baby support to place in large sink

Diaper bag

Diapers and diaper wipes

Soft front carrier or sling

Baby scissors or baby nail clippers

Stroller

### Are you comfortable with this person?

It’s important for you to like your baby’s practitioner.

He shouldn’t make you feel anxious or uncomfortable.

He should answer all of your questions, provide necessary information, and be there to support you and care for your child.

### *Should I breast feed my baby?*

One important decision you’ll make is how to feed your baby. You and your partner should discuss your thoughts on the subject and talk to your health-care provider. Our physicians encourage you to breast feed your baby. Here are some of the reasons why:

- Breast fed babies get sick less often and have fewer ear infections and diarrhea.
- Breast fed babies have less chance of developing insulin-dependent diabetes and Crohn’s disease (a serious digestive problem).
- Breast fed babies are protected against infections and allergies.



- Breast fed babies' bowel movements have less odor.
- Breast feeding is cheaper and more convenient. The milk is always ready for the baby and at the right temperature.
- Breast feeding mothers are healthier and have less risk of premenopausal breast cancer, ovarian cancer and osteoporosis.
- Breast feeding mothers lose weight more quickly in the early postpartum months.
- Breast feeding creates a special bond between a mother and her baby.

For more information on breast feeding or enroll in a breast feeding class, call 412-359-6775.

### ***Bottle feeding***

Your baby's practitioner will help you decide which formula is best for your baby. Don't switch formulas without discussing it with your practitioner. Formulas come in ready-to-feed, liquid concentrate and powder. It's very important that you prepare the formula exactly according to the directions on the can. Never put too much water in the formula to make it last longer. This could cause serious growth problems for your baby. Once you prepare the formula or open the ready-to-feed can, it needs to be used right away or refrigerated and used within 24 hours.

### **Which bottles to buy?**

There is no particular bottle or nipple type that's the best. Your baby will usually adjust to the one you buy. The most important thing to remember with any bottle is that it's clean. You don't have to sterilize your bottles and nipples. Washing them with hot, sudsy water and rinsing well is all you need to do. If you have well water, you should boil bottles and nipples.

Whether you breast feed or bottle feed, feeding your baby should be relaxing and enjoyable for both of you. If the baby doesn't seem to be gaining weight and is very fussy, he



may not be getting enough breast milk or formula. If you are having problems feeding your baby, contact the baby's practitioner or your lactation consultant (breast feeding specialist) at 412-359-6775.

### *Well-baby visits*

It's very important to take your baby for well-baby care during the first few years of life. Most practitioners will want your child to come in for a visit a few days to two weeks after birth, and then again at two, four, six and 12 months. At these visits, the practitioner will monitor your baby's physical, social and motor development. This is how the practitioner can tell that your baby is growing normally.

### **Shots**

During these same visits, your baby's practitioner will begin to give your baby shots to prevent dangerous diseases. These immunizations are an important part of safeguarding your baby's health. Your baby should receive his first shots between six and eight weeks.

### *Ways to help your baby sleep and calm down*

#### **Sleep**

Babies sleep a lot — about 16 hours out of 24, but no more than a few hours at a time. Your baby will pass through about seven evenly spaced cycles of sleeping and waking every day. A baby's sleeping hours will decrease slowly over time, and by three to four months of age, your baby will need one to three hours less sleep daily than he did at first.

Swaddling babies helps them feel secure. If you're using a pacifier, make sure it's a small one designed for newborns, because the larger pacifiers can gag your baby. You may want to make a tape of a vacuum cleaner, dishwasher or other monotonous appliances to play for a fussy child.



Right after birth, most babies are alert and quiet for a half-hour at a time. Then, they become sleepy and then have another quiet, alert time. For the first few months, your baby probably won't sleep through the night (which researchers define as five hours at a time). Instead, he'll sleep for two to four hours at a time.



You're setting up a rhythm for your baby. Your baby doesn't know the difference between night and day, what your schedule is like or even when meals are. You have to teach the baby all of these things, including when to sleep.

During the day, keep the baby in the middle of family activities. Keep the crib and bassinet for nighttime sleeping. The baby can sleep in the playpen, your arms, an infant seat or carrier, or a swing. Keeping your baby involved, especially at mealtimes, helps him get to know your patterns. At bedtime, if your baby needs a bath, give it before the last feeding to relax him. When the baby wakes up at night, don't turn all the lights on. Instead, talk softly and keep the room dark. This helps the baby learn that this is a time of quiet and sleep.

Most babies will eventually fit your routines. But, there are some babies that march to their own drummer, so be flexible and patient.

### **Calming**

Most normal newborns cry about two hours per day. Remember that crying is how your baby communicates. If babies are hungry, cold, need a diaper change or want attention, they cry. When babies get fussy, the rest of the family can become frustrated. There are many helpful sug-



gestions for the “fussies,” but this doesn’t mean that any or all of them are guaranteed to work. Whatever you choose, try it for five to 10 minutes before giving up and moving on to another one.

### **Sounds and music**

Some sounds that seem to have a calming effect on babies are the vacuum, blender, dishwasher or washer. Make tapes of these sounds in advance, and see which sound your child prefers. Soft, gentle music can also help the baby calm down. Lullaby tapes are available that include the mother’s heartbeat, which sounds familiar to the baby (as if the baby were back inside you). You can often soothe the baby with your voice by talking softly or singing.

### **Physical comfort**

While awake, your baby may prefer one position over another; try different positions. **Babies should always be placed on their backs to sleep.** Babies also like to be touched and massaged. Try gently rubbing or patting your baby’s back. Keep the baby warm, and allow him to suck.

A baby swing may calm your baby. If you don’t have a swing, you can walk with the baby, gently swaying back and forth, rock the baby in a rocking chair or swing the infant car seat by its handle.

### ***Safe sleeping***

Make sure the area where your baby sleeps is safe. Choose a crib or bassinet that meets all federal safety standards and has a firm mattress. Don’t put pillows, bulky comforters or stuffed animals in your baby’s bed. These can create a suffocation hazard.



### **Bassinets and cradles**

Bassinets may be used as temporary cribs and can be very helpful the first few months because they are small and portable. They are convenient for parents who live in a two-story home, making it easier to keep baby downstairs when the family is there. The baby will outgrow the bassinet quickly!

Cradles are also temporary resting places. Make sure that the cradle is deep enough so that the baby can't roll out of it. Also, make sure either cradle or bassinet can't be easily tipped over.

### **Cribs**

Cribs come in a large variety of styles, but be aware that whatever type of crib you use, it must meet federal safety standards. Cribs made after 1974 should conform to the following standards; however, many older cribs do not.

- The space between the crib rails should be no more than 2-3/8 inches apart. Rails wider than this can allow the baby's head to get caught between them.
- The latches that raise and lower the sides of the crib should be placed where an older baby can't accidentally lower them, and there should be a double release mechanism (such as one that requires raising the crib side slightly while depressing the foot latch).
- No more than two of your fingers should be able to fit between the mattress and the crib.
- When raised all the way up, the top of the crib's side railing should be at least 22 inches above the mattress.
- If the crib is painted, the paint should be nontoxic and lead-free.
- There should be no jagged or sharp edges on the crib.
- Corner posts should be less than 5/8-inch high.
- Avoid cribs with rail carvings, nooks and crannies.
- There should be no crossbars on sides, no exposed bolts, no plastic wrapping on the mattress and no large objects or hanging toys within baby's reach.



- Bumper pads should run around the entire crib, be secured by at least six straps and be removed when the baby learns to pull to a standing position so he can't use them to climb out. Tuck the bumper pads' lower edge between the crib side and mattress for a snugger fit.
- There should be no openings in the head or footboard large enough to trap the baby's head (use slat-width as a guide).
- Used furniture may be more affordable, but be sure that it meets federal safety standards.
- Using cribs safely is also important. Don't place the crib near draperies or window blinds that a baby could get tangled in. Don't place pillows, low-hanging mobiles or toys in the crib. Remember, pillows may suffocate, low-hanging toys can be pulled onto baby and any toy can end up in baby's mouth. Finally, keep the crib sides up when baby is in the crib so, as he grows, he will not fall or climb out.

### **Bedding**

Your baby should sleep on a firm mattress or other firm surface. Don't put fluffy blankets or comforters under the baby. Babies should not sleep on waterbeds, sheepskin, pillows or other soft materials. When your baby is very young, don't place soft stuffed toys or pillows in the crib. Suffocation has occurred with some of these items in infants' cribs.

### ***Sudden Infant Death Syndrome (SIDS)***

SIDS is the sudden unexplained death of an infant during the first year of life. Although the incidence of SIDS has decreased 50 percent since 1992, it remains the leading cause of death between one month and one year of life. About 2500 infants die each year due to SIDS. SIDS is rare during the first month of life, peaks during the second and third month, with 90 percent of SIDS occurring within the first six months.



Several theories have been proposed to explain why SIDS occurs. Sleeping on the stomach during infancy is a major risk factor. Some researchers have suggested that stomach sleeping puts pressure on the infant's jaw thereby narrowing his airway and hampering breathing. Another explanation is that stomach sleeping increases baby's risk of "rebreathing" of exhaled air, especially if sleeping on a soft mattress or with bedding, stuffed toys or a pillow near his face.

In these situations, the soft surface could create a small enclosed area around the baby's mouth and trap exhaled air. As the baby "rebreathes" this exhaled air, the oxygen level in his body drops while carbon dioxide increases. Eventually, this could contribute to SIDS.

A third possibility is that infants who die of SIDS may have an abnormality in part of their brain which helps control breathing and awakening during sleep. If a baby breathes stale air low in oxygen, the brain usually triggers him to wake up and cry, thereby increasing breathing and heart rate to increase oxygen and circulation. But if the baby's brain has an abnormality, this involuntary awakening and crying may not occur so the risk of SIDS increases.

Even though specific causes of SIDS remain unknown, we do know what it is not:

It is NOT the same as apnea of prematurity or infancy;  
apnea monitors will NOT prevent SIDS

It is NOT predictable or preventable

It is NOT caused by immunizations or bad parenting

It is NOT hereditary or contagious

It is NOT anyone's fault



## **Risk Factors**

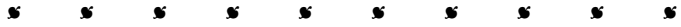
Several risk factors combined may contribute to cause an at-risk infant to die of SIDS.

1. Smoking during pregnancy and/or smoke in the infants' environment after birth are major risk factors. Smoking during pregnancy triples the likelihood of SIDS occurring. And second hand smoke after birth doubles the risk of SIDS. This may be due to an effect of smoke on the baby's brain before or after birth which increases the risk of SIDS.
2. Stomach sleeping during infancy is also a major risk factor. In fact, the incidence of SIDS has decreased 50 percent since 1992 when the American Academy of Pediatrics recommended placing the baby on his/her back for sleep during the first year of life.
3. Overheating from excessive sleepwear or bedding
4. Poor prenatal care
5. Prematurity or low birthweight
6. Young maternal age (less than 20)

## **Tips for Reducing the Risk of SIDS**

Some risk factors can be reduced. The following measures can help reduce the risk of SIDS:

- Always place your baby on his or her back to sleep for naps and at night. Some parents worry that a baby sleeping on his back may choke, vomit or spit up during sleep. There is no evidence that sleeping on the back causes choking. Millions of babies around the world sleep on their backs without any reported increase in choking or any other problems.
- Always place your baby on a firm, safety approved mattress to sleep and make sure the mattress is covered by a fitted sheet. Babies should not be put to sleep on a soft surface such as a pillow, waterbed, or sheepskin. Do not put loose bedding, blankets, comforters, stuffed toys or pillows near the baby.
- Do not smoke while pregnant and do not expose your baby to second hand smoke.



- Receive early and regular prenatal care and after delivery take your baby for regular well-baby check ups.
- Breast feed, if possible. Some studies show that breast feeding may help decrease the incidence of SIDS.
- If your baby has GERD, be sure to follow your doctor's guidelines on feeding and sleep positions.
- The American Academy of Pediatrics recommends putting your baby to sleep with a pacifier during the first year of life. Pacifiers have been shown to decrease the risk of SIDS; it's recommended that breast feeding mothers wait until their infants are one month old before introducing the pacifier so that breast feeding can become well established first.
- It's recommended that babies sleep in a bassinet or crib although they can be brought into their parent's beds for nursing or comforting; placing the crib or bassinet in the parents' room has been linked with a lower risk of SIDS.
- Do not let your baby overheat during sleep. Dress your baby in light sleep clothing and keep the room at a temperature that is comfortable for adults.
- Products that claim to reduce the risk of SIDS such as home monitors are not recommended because most have not been tested for safety or effectiveness.
- Babies should be given supervised "tummy time" while awake for at least 20 minutes daily; this will help strengthen their neck muscles and help them learn to roll over and also help to prevent flat spots from laying on their backs; also try to avoid having them spend too much time in car seats, carriers and bouncers if you are concerned about the shape of their heads.
- Notify all of your baby's caregivers (babysitters, grandparents and day care providers) about the "safe sleeping" guidelines for baby.
- If you have any questions about your baby's sleeping positions or health, be sure to speak to his/her health-care practitioner.

*Sources: American Academy of Pediatrics, National Institute of Child Health and Human Development, Web MD)*



## *Seat belt safety*

### IT'S THE LAW!

- ✦ Pennsylvania Child Passenger Protection Act law requires children younger than four to be properly restrained in a child passenger restraint system whenever riding anywhere in a vehicle. Never carry the baby in your arms in the car. It would be impossible to hold onto a baby in a crash.



- ✦ Research shows that child safety seats, when used correctly, are 71 percent effective in preventing fatalities and 67 percent effective in preventing serious injury.
- ✦ Violators may be fined \$25, plus \$25.50 for court costs, \$30 for the CAT Fund, \$10 for the EMS Fund and \$10 for administrative costs. The fine may be waived by showing proof of purchase and possession of a child safety seat at the time of the court appearance.
- ✦ Violators may be stopped as a primary offense for non-compliance of the Child Passenger Protection Act.
- ✦ Remember to always buckle yourself in, too. You can maintain better control of the car in an accident; you're less likely to be thrown from the car where you can't help your child; and 60 percent of injuries in auto accidents come from unrestrained passengers colliding with and injuring restrained passengers.

## *Child safety seats*

- ✦ When placing a child safety seat in a vehicle, follow the manufacturer's instructions for the vehicle and the child safety seat instructions exactly.



- There are different types of child safety seats: infant, convertible and booster. Children younger than one year and/or less than 20 pounds should ride in a rear-facing position. However, the PA Traffic Injury Prevention Project urges use of a rear-facing child safety seat for as long as possible, up to at least 18 to 24 months, as this best protects a baby from head and spinal injuries. Small children should ride in a child safety seat approved for their age and size.
- Children should ride in the back seat whenever possible. They should always be properly buckled into the safety seat and the safety seat properly buckled into the car.

### **Types of seats**

There are four basic types of safety seats:

1. Infant seats are specially built for babies up to 20 pounds, or about seven to nine months old. These seats are easy to use, inexpensive and fit most cars. They should face the back of the car.
2. Toddler seats are designed for children who have outgrown the infant seat and can sit up without support. They can be used for children who weigh between 20 and 40 pounds, and face the front of the car.
3. Convertible seats act both as infant carriers and toddler seats. Although they cost more, you can use the same seat from infancy until your child outgrows it at about age four, or 40 pounds. These types of seats may not be suitable if your child weighs less than five pounds.
4. Booster seats fill the gap between when your child outgrows his safety seat and when he can use a seat belt alone. They provide a safe, inexpensive transition for children between 40 and 60 pounds.

Be sure the safety seat fits your car properly. Many of the newer cars need special adjustments or tethers for the car seat to fit properly. Check your owner's manual. You may be asked to bring in your car seat before you're discharged from the hospital.



### Air bag safety

- Air bags are supplemental protection devices. Everyone should still buckle up with both lap and shoulder belts on every trip.
- Infants in rear-facing child safety seats should never ride in the front seat of a vehicle equipped with a passenger-side air bag.
- Children 12 and younger should ride buckled up in the back seat of vehicles equipped with passenger-side air bags.
- If an older child must ride in a front seat equipped with a passenger-side air bag, put the child in a front-facing seat, booster seat for proper belt positioning, or use a correctly fitting lap/shoulder belt, and move the vehicle seat as far back as possible. Turn the bag off if possible (check owner's manual).

Source: *Pennsylvania Department of Transportation*

For more information about seat belt safety, call 1-800-CARBELT.

### *Tips to help brothers and sisters adjust to the new baby*

To a young child, adding a new brother or sister to the family may be an unwelcome event and cause jealousy, anger and frustration. Not all children feel this way, but those who do often act inappropriately toward the new baby and others. These feelings are usually temporary.

Parents can help minimize these feelings in several ways.

- Prepare your child for the new baby while you're pregnant. Discuss how a newborn looks and behaves. Explain to the older child that babies don't do much except eat, sleep and cry. Discuss what must be done to care for the new baby.
- Include the child in baby care in a fun way and, depending on the age of your child, let your child hold the baby or help feed, bathe or entertain the baby.





- Make special time with an older child. Take him out to his favorite place for a special outing with just the both of you while the baby remains at home with a sitter. Set aside a special time of the day when you can do something with just the child while the baby naps.
- Praise the child for all the big things he can do: dress herself, feed herself, go to the potty, etc.
- Encourage your child to express her feelings to you. Let her know it's OK to feel angry, jealous or sad about the new baby. Tell the child no matter how angry she may feel, she can't hit or hurt the baby. Tell her to talk to you if she has these feelings.
- Remind the child how important she is to you. Tell her how much you love her and that she will always be special to you.
- Remind her that, when she was born, she needed the same love and attention.
- Be aware that your child may have difficulty adjusting at first. She may act like a baby or become more aggressive. These are normal feelings, so try not to over-react to them. Tell the child that you know she will behave because she is so big and such a good girl.
- Share your special memories of your older child's birth.
- Most of all, be confident in your own ability to parent and direct your child. Remember, your child loves you and really does want to please you.

### *When your pet meets your baby*

Many people wonder how a pet will react to the new baby in the family. Expectant parents know that a new baby will make changes in their life, and they need to realize that the baby will also affect their pet's life. Here are some suggestions on making this process go smoothly:

- An older pet almost never harms a helpless baby. If problems are going to happen, it is generally when the child becomes a toddler. At this age, the child may unknowingly startle or hurt the pet. Keep a close eye on how your child interacts with your pet.



- Before taking your baby home from the hospital, take baby's blanket or undershirt home for your dog to sniff. This allows the dog to get familiar with the baby's scent.
- Once your baby is home, allow the dog to sniff the baby with close supervision. Let your pet see your family holding the baby. Keeping the dog away from the baby will only make your pet more anxious. It's natural for your dog to be curious about the new addition to the family.
- Cats are usually not interested in babies and will tend to stay away from the baby. Discourage your cat from sleeping in the crib or bassinet, however, because a tiny baby might not be able to breathe with a heavy cat cuddling on his chest.
- Before your baby is born, begin to train your dog not to enter the baby's room.
- Your pet may feel jealous of the baby and will need reassurance that there is enough love and attention to go around for all.
- Make sure that you keep your pet's shots up to date. The biggest danger can occur from a toddler ingesting parasites from the stools of a puppy that hasn't been wormed. This can happen if the child touches the animal's stool and then puts his hands in his mouth. Vets routinely administer medication to treat young dogs for worms. There have been no cases documented of transmission of Lyme disease or feline leukemia from pets to humans.
- The new baby in the family will keep you busy, but make sure you leave time to give some attention to your pet as well.

### *Shaken baby syndrome*

Shaken baby syndrome can occur when adults, frustrated and angry with children, shake them hard and fast. Most people aren't aware of how seriously this can hurt a child. Young infants have very weak neck muscles and only gradually develop the strength to control their heavy heads.



If they are shaken, their heads wobble rapidly back and forth, which may cause brain damage and bleeding in and on the surface of the brain. Severe damage of this type is most common in very young infants, but it can happen to even three and four year-olds. This can result in lifelong damage, or even death.

Some “play” activities can be hazardous, too. They can whiplash the head and lead to permanent brain damage. Some examples are:

- Repeated, vigorous tossing of a small child into the air
- Jogging while carrying an infant on the back or shoulders
- “Riding a horse” — or when a child faces an adult while sitting on his swinging foot or bouncing on the knee
- “Cracking the whip” while swinging the child around by the ankles
- Spinning a child around

#### **Common injuries reported from shaking**

- Brain damage
- Spinal injury/paralysis
- Blindness or other eye trauma
- Seizures
- Retardation — mild to severe
- Delay in normal development — impaired motor and sensory skills
- Broken bones
- Dislocations

#### **How to prevent shaken baby syndrome**

- The most important rule to remember is never shake a child for any reason.
- Always support your baby’s head when playing with or moving her. Teach others who care for your infant how to properly support her head.
- Make sure that all those who are in contact with your infant know the dangers of shaking. This includes the baby sitter, child care personnel, even siblings who may accidentally injure the baby during rough play.



- Learn what to do to avoid getting frustrated if your baby won't stop crying. All babies cry a lot during the first few months of their lives.
- If you shake your baby, either accidentally or on purpose, get the baby to the emergency room immediately. Bleeding inside the brain can be treated, but only if you tell the practitioners you shook the baby. This will save your baby a lot of problems in the future and possibly even save her life.

### *Lead poisoning*

Lead is a powerful poison. Studies have shown that lead can be harmful if swallowed or breathed. Unborn babies, infants or children are especially vulnerable to its effects. For example, adults absorb 11 percent of lead reaching the digestive tract whereas children may absorb 30 to 75 percent. Lead can damage the brains, nerves, kidneys and blood. A child with lead poisoning may have learning or behavioral disabilities and can get very sick with seizures, coma or even die. To avoid problems with lead, remember to:

- Wash your hands before preparing baby's formula or breast feeding.
- Don't boil water for formula, unless you have well water. Follow directions on the label.
- Try to make sure your baby puts only safe, clean things in her mouth, such as toys made for chewing.
- Try to check for lead safety where your baby will spend time (day-care center, babysitter's home).
- Routine screenings for lead are recommended at one and two years old. Infants at high risk should be tested at six months and, if lead levels exceed 15, they need to be screened yearly until age six. Your practitioner will let you know how often your child will need to be screened.

In the home the main sources of lead are usually lead-based paints and drinking water carried through lead pipes. Lead is often used as plumbing fixtures in the home, particularly older homes. To lower lead levels in water:



- Replace brass faucets with stainless steel. Brass is a copper and lead alloy.
- Hot water can cause lead to be extracted from the brass and add it to your water. So if you cannot replace the fixture, use only cold water for drinking, cooking and making formula. Also, let cold water run for at least 10 seconds before using.

### **Toys**

Many vinyl items and children's toys contain lead. These include imported crayons, imported vinyl miniblinds, playground equipment and children's jewelry. For more information and recent updates, contact the National Lead Information Center at 1-800-LEAD-FYI ([www.nsc.org/ehc/lead.htm](http://www.nsc.org/ehc/lead.htm)).

### **Playground equipment**

The Consumer Product Safety Commission released the results of a report indicating that public playground equipment could have chipping and peeling lead paint which is a potential lead poisoning hazard primarily for children six years old and younger.

### **Lead found in food cans**

Lead is sometimes used in food cans. To keep food safe:

1. Try not to heat or cook food in its own can
2. Don't store food in a can that has been opened

### **Lead found in paint**

Lead paint abounds in older housing. Since 1978, house paint must contain .06 percent or less of lead. However, houses built before 1978 and particularly before 1950 may contain lead paint. Paint chips and paint dust are dangerous. They should be cleaned up with a wet mop or wet rag. Put paint chips in a plastic bag, tie it up and throw it out. When you are pregnant, try to have a friend do this cleaning. If flaking paint in your home is being scraped off, try to stay out of your home while it is being done. While you are pregnant, do not do this work yourself.



Although it is unclear if mild blood lead elevations in pregnancy can harm the fetus, high lead exposures can cause low birth weight, preterm birth, miscarriage or even stillbirth. Before you bring your baby home, be sure your home is free of paint chips. Keep your baby and young children out of the house if paint is being scraped.

Iron, calcium and vitamin C can decrease lead absorption because anyone in poor nutritional status absorbs lead more easily. Be sure you and your other children eat plenty of fresh fruit and vegetables, beans, fish, milk, cheese and eggs. Feed these foods to your baby when told to do so by the pediatrician. These foods will help you and your children fight lead poisoning. Protect yourself and your children. Keep your home as lead free as possible.

#### **Lead in ceramic ware**

Although the FDA had established acceptable levels of leachable lead in ceramic ware and pieces that exceed these are subject to recall or other enforcement action, antique ceramic ware and ceramics from small potters may have unacceptable lead levels. The FDA recommends that consumers stick to commercially made items and avoid hand made or hand painted and antique ceramic ware in eating or drinking.

Other ways to decrease inadvertent exposure to lead in ceramic ware:

- do not store acidic foods and liquids like juice or vinegar in ceramic ware since acids promote leaching
- follow label warnings on the item. If label warns “for decorative use only,” do not use item for food
- beware of items made or bought outside of the United States because they may not be labeled regarding restrictions



**For more information:**

*Centers for Disease Control Childhood Lead Poisoning Prevention Program*

[www.cdc.gov/nceh/lead/lead.htm](http://www.cdc.gov/nceh/lead/lead.htm)

*National Lead Information Center*

1-800-LEAD-FYI

TDD: 1-800-526-5456

clearinghouse: 1-800-424-LEAD

[www.nsc.org/ehc/lead.htm](http://www.nsc.org/ehc/lead.htm)

*Source: US Food and Drug Administration*

***Resources for new parents***

**Community and support groups and websites**

*Breast feeding HelpLine*

412-247-1000

Provides answers to your questions about breast feeding

*Parenting Warmline of Western PA*

412-641-4546 or 1-800-641-4546

Helps parents with non-medical child concerns; provides support and information; offers referrals

*March of Dimes Resource Center*

Toll-free 1-888-663-4637

Provides timely, accurate information on issues relating to pregnancy, childbirth and birth defects

*North Hills Mothers of Multiples*

Jackie Way

412-767-4344

Promotes friendship and support to parents adjusting to the care of twins and triplets.



### **Parenting classes**

#### **Sto-Rox Family Health Center**

*Positive Parenting Program*

412-771-6460

### **Domestic violence**

*Crisis Center North*

412-364-5556

*Womansplace*

412-678-4616

*Womansplace East*

412-765-2661

*Women's Center and Shelter*

412-687-8005

### **Injury prevention**

*National Lead Information Center*

Toll-free 1-800-424-LEAD

*National SAFE KIDS Campaign*

202-662-0600

*U.S. Consumer Products Safety Commission Hotline*

Toll-free 1-800-638-2772

*First Candle (SIDS Information)*

Toll-free 1-800-221-7437

### **Child care**

*Birth Partners*

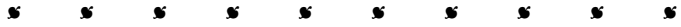
412-833-8116

Provide birth and postpartum doula care

*Child Care Information Services of Allegheny County*

*(A Program of the YWCA of Greater Pittsburgh)*

CCIS City Office, 3305 Wood Street, 412-261-2273



CCIS NorthEast Office, Two Allegheny Center, 412-246-4540

Information and referrals on quality affordable child care and applications for subsidies to help pay for child care while your work or attend school or training.

### **Postpartum Depression**

*Depression After Delivery*

<http://depressionafterdelivery.com/>

*Depression During and After Delivery*

<http://www.4women.gov/FAQ/postpartum.htm>

*Women's Behavioral HealthCARE and Dr. Wisner*

[www.womensbehavioralhealth.org](http://www.womensbehavioralhealth.org)

*Online PPD Support Group*

[www.ppdsupportpage.com](http://www.ppdsupportpage.com)

*Postpartum Depression and Caring for Your Baby*

[www.kidshealth.org](http://www.kidshealth.org)

(Search: postpartum depression)

*Understanding the Use of Medications in Postpartum Depression*

<http://my.webmd.com>

(Search: postpartum depression)

*The Depression and Bipolar Support Alliance*

[www.dbsalliance.org](http://www.dbsalliance.org)

*The National Alliance for the Mentally Ill (NAMI)*

[www.nami.org](http://www.nami.org)

*Suicide Prevention Resource Center*

[www.sprc.org](http://www.sprc.org)

Bennett, S. S., Indman P. Beyond the Blues: Prenatal and Postpartum Depression. A Treatment Manual. Mood-swings Press, 2002.



Shields, Brooke. *Down Came the Rain: My Journey Through Postpartum Depression*. New York: Hyperion, 2005.

### **Web Sites**

*American Academy of Pediatrics*  
[www.aap.org](http://www.aap.org)

*Car Seat Inspections (in your state)*  
[www.seatcheck.org](http://www.seatcheck.org)

*Center for Successful Fathering*  
[www.fathering.org](http://www.fathering.org)

*Childhood Immunization Support Program*  
[www.cispimmunize.org](http://www.cispimmunize.org)

*Empathetic Parenting*  
[www.empatheticparenting.orh](http://www.empatheticparenting.orh)

*Dr. Greene's House Calls*  
[www.drgreene.com](http://www.drgreene.com)

*National Organization of Mothers of Twins Clubs*  
[www.nomotc.org](http://www.nomotc.org)

*National Safe Kids Campaign*  
[www.safekids.org](http://www.safekids.org)

*Parents of Premature Babies*  
[www.preemie-l.org](http://www.preemie-l.org)

*Parents Place*  
[www.parentsplace.com](http://www.parentsplace.com)

*Vaccine Education Center*  
[www.vaccine.chop.edu](http://www.vaccine.chop.edu)



**ALLEGHENY  
GENERAL HOSPITAL**

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WEST PENN ALLEGHENY HEALTH SYSTEM

[www.wpahs.org](http://www.wpahs.org)

320 East North Avenue  
Pittsburgh, PA 15212-4772