



Kaiser Permanente

# healthy beginnings

PRENATAL NEWSLETTER

## ► TODAY'S APPOINTMENT

### Today your doctor will:

- Check your blood pressure and weight.
- Check your baby's growth by measuring the size of your abdomen.
- Listen to your baby's heartbeat.
- Check your baby's movements.

Because it's important that your baby isn't born too early, we'll also talk about how to recognize and prevent preterm (before 37 weeks) labor.

## ► NEXT APPOINTMENT

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Day:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

Please arrive for your appointment on time. If you need to change your appointment, call at least 24 hours in advance.

## ► Your baby: at 32 weeks



Your baby weighs 3 to 4 pounds and is about 16 to 17 inches long. At birth, your baby will likely weigh between 6 and 9 pounds and measure 19 to 21 inches long. At this point, the skin is still slightly wrinkled, but is becoming smoother as "baby fat" comes in. The *lanugo*, a soft, fine downy hair, is decreasing, but the hair on the head is growing. *Vernix caseosa*, a white creamy substance that protects the skin from long exposure to amniotic fluid, is also decreasing. The lungs are

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maturing, the nervous system is continuing to develop, and the brain is growing quickly. For these reasons, calcium, iron, and protein are still very important parts of your diet. Your baby is probably in the head-down position, so you might notice less rolling over and more kicks in your ribs.

## ► Your next prenatal appointment

### NEXT PRENATAL APPOINTMENT

Congratulations! You are getting closer to the birth of your baby as you enter the final months of your pregnancy. We hope that your prenatal appointments and the tips in this newsletter help to address the discomforts you may feel and any concerns you may have.

### Your next visit is scheduled to take place at about 36 weeks. At that time, your doctor will:

- Review the warning signs of preterm (premature) labor, as well as signs that regular labor is starting.
- Check your baby's position.
- Check your baby's activity and your Kick Count Card.

### GROUP B STREPTOCOCCUS

At the next visit, you'll have a test for Group B streptococcus (GBS). GBS is a common type of bacteria found in many women. It can cause illness in newborn babies if transmitted at the time of delivery. We'll check for GBS in the vagina and the rectum. If your test comes back positive, you'll be treated with antibiot-

ics during labor to prevent GBS from being transmitted to your baby. Also, your baby may be kept under observation for 24 hours after birth.

### PREADMISSION PREPARATIONS

We understand that this is a busy time in your life, but it's also important to think ahead. Make sure to complete a birth plan. The birth plan allows you to share your preferences for labor and delivery with the hospital staff.

### PREADMISSION FORM

Your admission to Labor and Delivery will go more smoothly if you complete your preadmission form in advance. If you have any questions about admission procedures, contact the hospital where you will be delivering.

### HOSPITAL TOUR

Check with the hospital where you will be giving birth to find out if they offer tours of the Labor and Delivery Unit. The tour guide will show you and your support person what to expect when you get to the hospital.

## ▶ PARTNER'S CORNER

### NAMING YOUR BABY

Naming a child may sound like an easy task, but it can be harder than you think to choose a name that both of you like. Start by making a list of the names each of you likes best. Trade lists and cross off all the ones you couldn't possibly live with. If there are any names left, you're doing well. If not, keep repeating the process until you come up with names that are acceptable to both of you. Be sure to write out the full name, say the name aloud, and check the initials to make sure that they don't spell out anything funny or lewd.

**If you need help, here are a few books you might want to check out:**

- *100,000+ Baby Names: The Most Complete Baby Name Book* by Bruce Lansky (Meadowbrook, 2006).
- *Beyond Jennifer & Jason, Madison & Montana: What to Name Your Baby Now* by Linda Rosenkrantz and Pamela Redmond Satran (St. Martin's Paperbacks, revised 2006).

### FEELING MORE CONFIDENT ABOUT CHILDBIRTH

**You're supposed to be strong and supportive, especially while your partner is pregnant—right? Actually, you might feel a little worried as childbirth approaches. Perhaps it's because you don't want to see your partner in pain,**

**or maybe you're afraid that you'll panic during labor and delivery. There are a few things you can do to decrease anxiety and feel more confident about childbirth:**

- Take the Prenatal 2: Labor and Delivery class. When you know what to expect, much of the fear and anxiety will fade.
- You'll learn how to actively support your partner by using relaxation techniques, such as massage and deep breathing. Practice these techniques with your partner to become comfortable doing them.
- Talk with your partner about what she wants during labor and childbirth. This will help you support her better, and share her preferences with the hospital staff.

### GET YOUR PERTUSSIS VACCINE

Pertussis (also called whooping cough) is a contagious disease that can be very dangerous for babies. To protect your newborn, make sure you are up to date on your Tdap vaccine. Since pertussis spreads so easily between people, all family members and caregivers should have their Tdap vaccine as well.

We also recommend that women get the Tdap vaccine during each pregnancy, ideally between 27 and 36 weeks. Talk to your doctor if you have questions about protecting your family from pertussis.

## ▶ Staying healthy during pregnancy and beyond

### WORKING DURING LATE PREGNANCY

The decision to work during your last trimester is a personal one. If you have any concerns, discuss them with your doctor. If you do continue working, here are some tips that may help:

- Take frequent breaks.
- Change positions often. If you've been sitting for a long time, stand up and walk around. If you've been standing a lot, sit down with your feet up.
- When standing for a long time, keep one foot on a low stool with your knee bent to take the pressure off your lower back.
- If possible, try to rest during your breaks and lunch hour.
- Cut down on other activities if your job is strenuous.
- Bring your own water bottles and healthy foods, so you can have good nutrition throughout the day.
- Empty your bladder at least every 2 hours.
- Avoid tobacco smoke, poisonous fumes, chemicals, and extreme temperatures.

### CENTER OF GRAVITY CHANGES

You've probably noticed how easy it is to get "off balance," and you may feel very clumsy. This is due partly to a pregnancy hormone called relaxin that softens the cartilage in your joints and pelvis. This is what causes the "pregnancy waddle" that most women have when they walk. It's also due to your center of gravity moving forward as your baby grows. You should avoid wearing high heels and participating in activities that require good balance. Use the handrail when walking up or down stairs. Your

baby should be fine even if you bump yourself because a cushion of amniotic fluid protects him or her. If you fall, you should call Medical Advice right away to see if you should be evaluated.

## ▶ Sexual desire

In the last few months of pregnancy you may be very interested in sex, or you might not be interested at all. Unless your doctor advises against it, sex is safe during pregnancy. Your growing belly can make it hard to find a comfortable position, and you may feel cramping in your uterus during or after sexual activity. Try out different positions or find other ways to be intimate. A backrub can help relieve a cramp or backache that sometimes follows orgasm.



When you need urgent advice, call Medical Advice. When needed, a medical professional can arrange for you to see a doctor the same day. Refer to your important phone numbers list.

### WHEN YOU CALL, PLEASE BE READY TO PROVIDE:

- Your name.
- Your Kaiser Permanente medical record number.
- Your doctor's name.
- Your due date.



## ► What you can do about common discomforts

### HEARTBURN

**You may experience heartburn along with a sour taste in your mouth. Heartburn is caused when stomach acids bubble back into the esophagus (the tube that connects the throat to the stomach). It's not harmful, but it's unpleasant and uncomfortable. Follow these suggestions for relief:**

- Eat small, frequent meals.
- Avoid fatty, fried, or spicy foods.
- Avoid beverages that contain caffeine, such as coffee, tea, or sodas.
- Avoid bending over or lying down after meals. Take a walk instead.
- Avoid tight clothes and waistbands.
- If heartburn is a problem at night, avoid eating just before bedtime and sleep propped up with pillows.
- Try natural remedies for heartburn before antacids. Milk or yogurt may help settle your stomach.
- Take an antacid, such as Mylanta, Maalox, or Tums, for relief. If your heartburn does not respond to these antacids, you may use over-the-counter acid blockers such as famotidine (Pepcid), cimetidine (Tagamet) or ranitidine (Zantac).
- Don't take high-sodium antacids such as Alka-Seltzer or baking soda.

### VARICOSE VEINS

**Varicose veins are enlarged blood vessels in your legs. Your calves may ache or throb, even if the veins aren't visible. Most varicose veins will shrink or disappear after birth. Until then:**

- Try to avoid standing for long periods of time.
- When sitting, avoid crossing your legs at the knees.
- Elevate your feet.
- Avoid tight clothing or stockings that hamper circulation.
- Wear support hose; this may help prevent aching calves.
- Exercise regularly. Try walking for at least 30 minutes on most days.

### HEMORRHOIDS

**Hemorrhoids (dilated, twisted blood vessels in and around the rectum) are common, especially in the last months of pregnancy when the uterus is pushing on the rectal veins. Hemorrhoids can cause pain, itching, and bleeding during a bowel movement, but usually improve without treatment shortly after birth. Here are some tips that might help:**

- Keep your stools soft by drinking more water and eating high-fiber foods like fruits, vegetables, whole grains, and beans. (See the section on constipation on this page.)
- Avoid sitting for long periods of time. Lie on your side several times a day.
- Cleanse the area with moist toilet paper, Witch Hazel pads, or Tucks pads.
- Try applying ice packs to relieve discomfort.
- Take a "sitz bath" (a warm-water bath taken in the sitting position where only the hips and buttocks are covered) for 20 minutes, several times a day.

- Use Preparation H, Anusol, or 1 percent hydrocortisone cream to help relieve the pain.

### LOWER BACK PAIN

**In late pregnancy, your posture changes to support your expanding uterus, and it may cause lower back pain. The pelvic joints loosen from pregnancy hormones, so they are less supportive. Your lower spine curves more and that may strain the lower back muscles. To avoid and reduce lower back pain:**

- When lifting heavy objects, use your legs, rather than your back, and squat instead of bending from the waist. Ask for help if you need it.
- Wear low-heeled, supportive shoes.
- Always roll to your side before sitting up from a lying position.
- Apply heat or cold to your back to help relieve the ache.
- Ask your partner for a nightly backrub.
- Use a firm sleeping surface. A rigid bed board under the mattress can help.
- Light exercise, like prenatal yoga and swimming, can be helpful for your back.
- Do the "pelvic tilt" frequently throughout the day. This exercise can help strengthen your lower back muscles and relieve discomfort. (See *Healthy Beginnings*, Issue 3.)
- Wear a maternity support belt.

### DIFFICULTY SLEEPING

**Leg cramps, breathlessness, contractions, the frequent need to urinate, and an active baby can all make it hard to sleep. You may not be able to find a comfortable position. The following suggestions may help:**

- Use extra pillows to support your legs and back. Try sleeping on your side with pillows between your knees, under your uterus, and behind your back.
- Have a light snack or glass of milk before going to bed.
- Get regular exercise during the day to help you sleep more soundly at night. Avoid exercising close to bedtime, which can make it harder to fall asleep. (See "Exercise and pregnancy" in *Healthy Beginnings*, Issue 3.)
- Practice relaxation exercises before going to sleep or if you wake up during the night. Try listening to a relaxation podcast on kp.org. (See "Relaxation exercises for pregnancy" in *Healthy Beginnings*, Issue 3.)
- Take a warm (not hot) bath or shower before bedtime.
- Avoid caffeine, including chocolate, especially late in the day.
- Don't use sleeping pills or drink alcohol because they can harm your baby. Ask your doctor if you can take Benadryl or Unisom as sleep aids.

### LEG CRAMPS

**Leg cramps are common in late pregnancy. They usually happen at night and may wake you up. They may be caused by the pressure of the enlarged uterus on nerves or blood vessels in your legs, from lack of calcium, or from too much**

**phosphorous in your diet. To relieve a leg cramp:**

- Sit on a firm bed or chair. Straighten your leg and bend your foot slowly toward the knee.
- Stand on a flat, cold surface and lift your toes up, as if to stand on your heels. Then try walking while keeping your toes up.
- Use a heating pad or hot water bottle to help with the muscle ache.
- Do not massage the calf during the cramp.
- Try breathing and relaxation exercises. Think of it as practice for labor contractions.

### To prevent leg cramps:

- Avoid too much phosphorous in your diet. This is found in highly processed foods, such as lunch meats, packaged foods, sodas, and other carbonated beverages.
- If you're having frequent cramps (more than twice a week), get more calcium in your diet or take calcium supplements that don't contain phosphorous.
- Do leg stretches before bedtime.
- Wear leg warmers at night.
- Take a warm (not hot) bath before bedtime.

### CONSTIPATION

**Pregnancy hormones make the digestive tract function more slowly, which can cause constipation. The following suggestions may help:**

- Drink more fluids (keep a bottle of water near you all day).
- Eat more high-fiber foods like fruits, vegetables, whole-grains, and beans.
- Exercise regularly.
- Try Metamucil, bran tablets, or Fiberall.
- Try an over-the-counter stool softener called Colace (docusate sodium) as directed by your doctor.
- Don't use laxatives (such as Ex-Lax) without first talking with your doctor.

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## ▶ Getting ready for your new baby

As you get closer to delivery, bringing a new baby home starts to seem more real. If you can get your home ready before delivery, you'll be able to focus on caring for your new baby.

### Get your baby's car seat ready:

- Learn how to install and use your baby's car seat correctly. It should be rear-facing in the back seat. Refer to the Health Note *Car Safety Seats for Babies*.
- Seven out of 10 car seats are not installed properly. You can get your baby's seat checked for free. Visit [seatcheck.org](http://seatcheck.org) to find an inspection site near you.
- Leave the seat in the car you will bring home from the hospital. By law, your baby cannot leave without a car seat.

### Have these items ready at home for you and your baby:

- 1 box of large sanitary pads. It's normal to have vaginal bleeding for a few weeks following delivery and you may have some blood-tinged discharge for up to 6 weeks. Don't use tampons during this time.
- Acetaminophen (such as Tylenol) for pain.
- Nursing pads and nursing bras for breastfeeding mothers. Sign up for Prenatal 4: Breastfeeding Basics to prepare for nursing your baby. Visit [kp.org/breastfeeding](http://kp.org/breastfeeding) for more information.

- Diapers or diaper service.
- Digital thermometer.
- Safe crib or bassinet.
- Crib sheets (3 to 4).
- Waterproof mattress pads (4).
- Receiving blankets (6).
- Undershirts or "onesies" with a snap at the crotch (6).
- Hats.
- Warm coverall or blanket sleeper (2).
- Socks or booties (4 to 6 pairs).
- Washcloths (12 to 24).

Wash your baby's clothing, blankets, and sheets in mild soap, such as Dreft, before use.

The things you'll need to make life easier:

- Stroller.
- Rocking chair.
- Infant seat (or car seat that doubles as an infant seat).
- Infant carrier (sling or front pack).
- Baby bathtub.
- Books to read to your baby.
- Changing table or dresser top (at a comfortable level to protect your back).

Other items—such as swings, wipe warmers, cute clothes, and monitors—are nice but can come later.

### Meal preparation:

- Cook and freeze meals ahead of time.
- Stock up on basics like eggs, bread, frozen vegetables, and canned goods.
- Have paper plates and plastic utensils on hand.

### Housework:

- Clean the house or have it cleaned thoroughly before you go into labor.
- Arrange in advance to have cleaning help for a few days or weeks after you have the baby. Your partner or a relative may volunteer to help, or you can hire professional cleaners.

### LOOKING FOR BARGAINS

Whether you're getting new or used items, think about safety. New baby furniture must meet all of the latest safety standards. Some used items might not meet current safety guidelines.

- You can probably save up to 80 percent on some items by shopping at garage sales or at stores that sell used baby gear.
- You can also borrow items from friends.
- Before you get anything secondhand, make sure that it meets current safety guidelines. Avoid buying a used car seat.
- Contact "twin clubs" in your area if you're expecting twins or more.

## ▶ A safe nursery

The nursery is your baby's home—a place where your baby should be safe and protected. Here are some guidelines that you should use in choosing equipment.

### CRIBS

**More infants die every year in accidents involving cribs than with any other nursery product. If you already have a crib or are buying a used one, make sure that:**

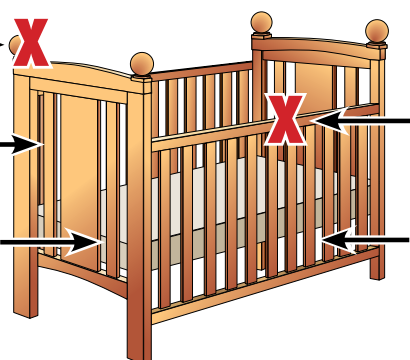
- Crib slats are no more than 2 $\frac{3}{8}$  inches apart.
- The mattress is firm, flat, and fits tightly with no gaps.
- The crib does not have a drop-down side.
- Corner posts don't extend above the side.
- Plastic bags are not used as a mattress protector.
- There are no dangling curtain cords within the child's reach.
- Toys, laundry bags, or other objects with strings aren't near the crib.

**Crib Safety Rules** – Making sure your baby's crib is safe can be a matter of life or death. As of June 2011, all cribs sold in the U.S are designed to meet the following safety rules. If you use an older crib, check it carefully to make sure it meets these safety standards.

**No decorative knobs**  
Knobs create entanglement and choking hazard.

**Stronger slats**  
Slats need to be strong so that they don't break or fall out.

**Improved mattress support**  
Crib mattresses must be able to support a 45-pound weight dropped onto it repeatedly.



**No more drop-sides**  
The corners of drop-sides can become detached from the crib. This dangerous gap can trap your baby.

**Space between slats**  
No more than 2 $\frac{3}{8}$  inches apart. Larger gaps can cause your baby's head to get stuck.

**Stronger hardware** – Cribs need to be put together with anti-loosening devices. This helps make sure the crib stays together and that no pieces will end up falling off or out of place.

**Tougher testing** – All cribs undergo shaking tests. This helps make sure that all pieces of the crib stay together, no matter how much they're shaken or worn.

- All nuts, bolts, and screws are tight. Check the mattress support hangers or hooks regularly.
- Don't place bumper pads, pillows, comforters, sheepskins, or blankets in the crib.
- Your baby is always placed on his or her back to sleep.

### BABY GATES

Don't use baby gates with a V-shaped, accordion-style opening, which can entrap a child's head. Safe gates have vertical slats that are no more than 2 $\frac{3}{8}$  inches apart.

### DIAPER PAILS

Diaper pails are dangerous targets for curious babies. Choose pails with protective lids, and keep the pails out of reach.

### PACIFIERS

Pacifiers must be strong enough so that they won't break into pieces and cause your baby to choke. Pacifier guards or shields must have holes that allow breathing and must be large enough to prevent the pacifier from going in the baby's throat. Don't put a pacifier on a string around your baby's neck. For breastfed babies, *the American Academy of Pediatrics* recommends waiting to try a pacifier until 1 month of age to make sure that breastfeeding is firmly established.

### TOYS

An infant's mouth can stretch to hold larger items than you might expect. Remove all toys and other small objects from the crib when your baby sleeps. If a toy has a part smaller than 1 $\frac{5}{8}$  inch, put it away until your child is older. Teethers and pacifiers should never be fastened around a baby's neck.

### CHANGING TABLES

Buy a changing table or pad that has safety straps—and always use them. More than 1,300 children are injured every year from falling off the changing table. Keep one hand on your baby at all times while he or she is on the changing table.





## ► What you can do about common discomforts

(continued from page 3)

### SHORTNESS OF BREATH

During pregnancy, you may feel as if you can't catch your breath. This feeling comes from your uterus pressing up on your diaphragm and crowding your lungs. Relief usually comes when your baby settles into the pelvis. Until then, try these suggestions:

- Sit up straight.
- Sleep with your shoulders propped up.
- Rest frequently.
- Drink more fluids (keep a water bottle near you all day).
- Eat small, frequent meals.
- Avoid beverages that contain caffeine, such as coffee, tea, and soda.
- Wear clothes that fit loosely around the waist.

If you experience sudden, severe shortness of breath with rapid breathing, a rapid pulse, and chest pain, or if you have any blue color around your lips or fingernails, get medical help immediately.

## ► Warning signs of preterm (premature) labor

Warning signs of preterm (before 37 weeks) labor may be very subtle. (See "Preterm [premature] birth" in *Healthy Beginnings*, Issue 4.) Call Medical Advice right away if you think you may have any of these signs:

- **Menstrual-like cramps** (usually in the lower abdomen) that may come and go or stay constant. They may also come with or without nausea, diarrhea, or indigestion.
- **Contractions** that feel like a tightening of your abdomen, coming 4 or more times an hour.
- **Dull backache** below the waist that does not go away when you change position or rest on your side, or a rhythmic backache that comes and goes in a pattern (back labor).
- **Pelvic pressure or pain** that comes and goes in a rhythmic pattern in the lower abdomen, back, and/or thighs (described as "heaviness in the pelvis").
- **Intestinal cramping or flu-like symptoms**, with or without diarrhea.
- **Increase or change in vaginal discharge** (heavy or mucous-like discharge, a watery discharge, or a light bloody discharge).
- **Rupture of membranes** (bag of waters breaks).

## ► Newborn tests and treatment

Soon after birth, your baby will have a state-required blood test to identify metabolic, endocrine, and hemoglobin diseases.

If these diseases are discovered early, this test can save your baby's life and prevent serious brain damage. Early detection and treatment can prevent mental disability and/or life-threatening illness.

*Note: Not all states require all of these tests. Check with your doctor to find out if these tests are required in your state.*

In addition, we recommend the following screening tests:

**Bilirubin:** Too much bilirubin can cause jaundice (yellowing of the skin or the whites of eyes). Many babies have mild jaundice that is temporary and not harmful. However, in some rare cases, bilirubin can rise quickly to dangerous levels. This test tells us if your baby's levels are in a safe range.

**Hearing:** Before going home from the hospital, we recommend that you have your baby's hearing tested. Hearing loss can be invisible, and can impact language development, so screening your baby is important. This test takes just a few minutes and is done while your baby is sleeping.

**Pulse Oxygen:** This test can help identify a serious heart defect in an otherwise healthy baby. A small sensor measures the level of oxygen in your baby's blood, in about one minute.

### ENDOCRINE DISEASES

Babies with these diseases make too much or too little of certain hormones, which can affect bodily functions. If detected early, these problems can be prevented if the baby is given special medicine every day.

### HEMOGLOBIN DISEASES

These diseases affect the type and amount of hemoglobin in the red blood cells, which carries oxygen to all parts of the body. Babies with these diseases can get very sick and even die from common infections. Most infections can be prevented with daily antibiotics.

## ► Immunizations protect your baby

One of the very best ways to keep your baby healthy is by keeping up with all recommended immunizations. You have the power to protect your baby from serious and even deadly diseases.

### Information you can trust

At Kaiser Permanente, we want you to have the facts about immunizations. We stand together with the World Health Organization, the National Academy of Sciences, and the American Academy of Pediatrics when we say that immunizations are safe and effective, and save lives.

Some babies have mild reactions to immunizations, such as a sore leg, mild swelling at the site of the shot, fussiness, or a fever. However, serious reactions are very rare. It's important to remember that the risk of having mild side effects from the immunization is much lower than the risk of getting seriously ill from the disease.

### In the hospital

Hepatitis B is a serious but preventable disease that affects the liver. By getting the vaccine at birth, babies have some protection against developing major liver problems.

### At the 2-month well-check

When your baby is 2 months old, he or she will be ready for the next series of immunizations.

It's normal to have some questions about immunizations and the diseases they prevent. If you have questions or concerns, please talk with us. We are here to help you keep your baby healthy.



## ► Choosing child care

Many mothers return to work soon after the birth of their baby. Finding quality child care can be difficult, but there are many good resources that can help you get started.

- Ask friends for referrals.
- Look for listings for child care programs in community newspapers, newsletters for new parents, and the phone book.
- Refer to the Health Note *Choosing Child Care* for more information.

**You'll want to find someone who genuinely cares about your child, rather than someone who simply watches children. You may choose to:**

- Have someone come into your home.
- Take your baby to someone's home (family child care) or a child care center.

If you choose the child care center option, visit the location at least twice when there are other babies present. You'll see how the caregiver talks to and plays with the children. Make a visit without calling first to see what "everyday" care is like.

**Questions to consider when choosing a caregiver:**

- Do you see warm, positive interactions between the caregiver and the children?
- How much experience does the caregiver have with young infants?
- How quickly is a crying baby comforted? Are there baby monitors if the caregiver is not in the room with a sleeping baby? Are babies sometimes left to "cry it out"?
- How many other infants or children will be cared for, along with your baby?
- Have staff members been there for a year or more? Are there different staff members in the mornings and afternoons or on different days of the week?
- Have children been there for a year or more?

- At the end of the day, how will the caregiver share information with you about your child's day?
- Are parents welcome at any time?
- What happens if your child or another child becomes sick? What is the policy for sick children staying home?
- Are infants fed and diapered according to their own schedules and needs, or are all fed and diapered at the same time?
- Does the caregiver hold babies during bottle-feeding (no propped bottles)?
- If meals are served, are they healthy and well-balanced? Are meals sensitive to a child's cultural and individual preferences?
- Is the room child-proofed, child-centered, and comfortable? Is there anything that would be dangerous for babies (such as small toys, heaters, electrical outlets, open windows, or hanging strings from window blinds)?
- Are there toys for children of various ages to enjoy?
- Are children allowed to watch TV or videos? According to the American Academy of Pediatrics (AAP), children under 2 should not watch any TV or videos, as it may negatively affect brain development.
- Is there space for toddlers to run around and play? Are there indoor climbing structures?
- Does the day include "outside time"? Do children take walks with caregivers? How are they kept safe during the walk?
- How structured is the setting? What rules must children follow? What happens if rules are broken?
- What happens if one child hits or bites another child?
- Do you see some child-directed activities

- (where the child gets to choose what to do next) as well as some teacher-directed?
- Is there a car seat in case anyone will be driving with your child? Will you be notified before car trips or walks?
- Does the caregiver have training in first aid and CPR? For instance, California requires child caregivers to participate in 15 hours of health and safety training.
- Is the caregiver prepared for emergencies, such as an earthquake or a fire? How will he or she contact you if there is an emergency?
- Can the caregiver provide you with references and child care licensing?
- Does everyone follow health and safety rules, or are there signs of carelessness? (For example, are hands and surfaces cleaned after diapering?)
- Does the caregiver or anyone else in the facility smoke?

**Things to keep in mind if you're breastfeeding:**

- How supportive is the caregiver of your plans to continue breastfeeding your baby when you return to work?
- Is the caregiver willing to bottle-feed your expressed milk to your baby or willing to call or bring your baby to you for a feeding?
- Does the caregiver have refrigeration to store your expressed milk?

Always go by your "gut" feeling. If it doesn't feel right, look elsewhere. If you start to feel uneasy even after choosing child care, drop in for an unannounced visit.

For more information on choosing quality child care, call or visit your local Health Education Center.

## ► Circumcision

Circumcision is the removal of the foreskin that covers the tip of the penis. Deciding whether to circumcise your child is a personal decision based on religious, ethical, and cultural beliefs. Just over half of all newborn boys in the U.S. are circumcised, a number that varies depending on where you live.

The American Academy of Pediatrics (AAP) finds that the health benefits of circumcision outweigh the risks. They recommend that parents make the final decision about what is best for their child.

The main benefit of circumcision is that it reduces the risks of urinary tract infections during infancy. It can also reduce the risk of penile cancer and some sexually transmitted diseases (STDs) later on.

The risks of circumcision include pain, a slight chance of bleeding and infection, and potential injury to the tube that carries urine. Serious complications are rare. The effect of circumcision on men's sexual activity and enjoyment later in life is not fully known.

If you choose to have your son circumcised, the procedure is usually performed before you go home from the hospital. It's a minor surgical procedure, but there is still a small chance of bleeding, infection, and injury to the penis. *Many doctors use local anesthesia to help reduce pain during the circumcision.*



Uncircumcised



Circumcised

The area may be red and tender at first, but it usually heals well within a week. Lots of Vaseline may be applied to the penis so that it does not stick to the diaper. The incision usually heals within a week. If you notice any signs of infection, contact your doctor immediately.

## ► Choosing a pediatrician

As you get ready to take your baby home from the hospital, we'll give you home care instructions. You'll also schedule a well-baby appointment to check your baby's health and weight. You may want to bring a list of questions to ask at the visit. Your next appointment will also be scheduled at that time.

Most doctors are able to accept new patients. If you have other children who see a certain doctor, your new baby should be able to see the same one. If you don't have a preference, someone in the Pediatrics Department can help you select a doctor and arrange your baby's first appointments.

## ► Health plan benefits for your newborn

Check with Member Services to learn more about coverage for and enrollment of your baby.

Be prepared to name your baby before you leave the hospital because your baby's name is needed for the birth certificate. (See "Partner's corner" on page 2.)

The information in *Healthy Beginnings* is not intended to diagnose health problems or to take the place of medical advice or care you receive from your doctor. If you have persistent health problems, or if you have further questions, please consult your doctor. If you have questions or need additional information about your medicine, please speak to your pharmacist. Kaiser Permanente does not endorse the medicines or products mentioned. Any trade names listed are for easy identification only.

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