



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.
- Discuss labor signs and when to go to the hospital.

▶ NEXT APPOINTMENT

Date: _____ **Time:** _____

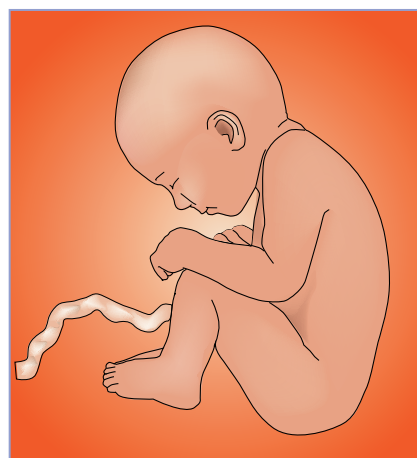
Day: _____

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 40 weeks



Newborn babies don't look much like the infants in baby product ads. Your newborn's head might seem rather large and out of shape. The eyes can be quite puffy and red. Pregnancy hormones might make his or her breasts appear swollen and the genitals of baby girls might be enlarged. Some newborns have scaly skin and red blemishes on the eyelids and nape of the neck. Despite these things, most parents think that their babies are beautiful—and they're right!

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Soon the newborn rash will disappear, the head will become rounder, and the swelling around the eyes will lessen. Your baby's appearance will change almost daily in the first few weeks.

▶ Your next prenatal appointment and tests



WHAT IF I'VE PASSED MY DUE DATE?

Pregnancy lasts an average of 40 weeks from the beginning of your last menstrual period to the birth of your baby; this is how your due date is determined. If you're still pregnant after 42 weeks, doctors call this a "post-term pregnancy." When a pregnancy lasts more than 42 weeks, there may be increased risk to the baby.

Concerns after 42 weeks include:

- The baby is larger and may be more difficult to deliver.
- The placenta might not deliver enough oxygen to the baby.
- There may be a decrease in the fluid surrounding the baby.
- The baby may pass its first stool (meconium) into the surrounding fluid. This could go into the lungs and cause breathing problems for the baby after birth.
- There is a higher risk of cesarean birth, or C-section.

EVALUATION OF THE BABY

The health of a post-term baby can be checked with certain tests, including:

- Tracking the baby's movement pattern by using the Kick Count
- Using an electronic fetal monitor to record the baby's heart rate

The following tests may be done to check the health of a baby after 41 weeks:

- 1. Nonstress test (NST):** This is a simple test that compares the baby's heart rate with his or her movements. If the baby is healthy, his or her heart rate will increase with activity and decrease with rest, just as ours does.
- 2. Amniotic Fluid Index (AFI):** This test uses ultrasound to check the amount of amniotic fluid surrounding the baby through an ultrasound (sonogram) test.

Two other tests, the contraction stress test (CST) and the biophysical profile (BPP), are used in some cases to check the baby's health. CST is a test during which contractions are induced as "stress," and their effect on the baby's heart rate is observed. The BPP checks for fetal movement and breathing with an ultrasound and includes the NST and AFI tests.

If the tests suggest a problem, labor may be induced (started). Even if no problem is found, labor may be induced between 41 and 42 weeks. If you have questions or concerns, please discuss them with your doctor.

▶ PARTNER'S CORNER

After giving birth, your partner will need some time (probably more time than either of you think). Fatigue, breast soreness, vaginal discomfort, hemorrhoids, poor appetite, constipation, increased perspiration, acne, hand numbness or tingling, dizziness, and hot flashes are common for a month after delivery.

Here are some things that you can do to make her recovery process as smooth as possible. These tips will also help you ease into the parenting role.

- Help your partner rest during the day and nap when the baby sleeps.
- Help her resist the urge to do too much too soon.
- Take over the household chores or ask someone else to help. Consider hiring a postpartum doula for additional help.

- Be patient with yourself, your partner, and your baby.
- Limit visiting hours and the number of visitors at any given time. Dealing with visitors takes more energy than you might think. If visitors offer to help, have a list of things they can do such as laundry, errands, etc. Try to cluster their visits at mealtimes when your partner will be awake and avoid visits during rest times. Remember to have visitors wash their hands before holding the baby and don't allow anyone to smoke in the house.
- Enjoy this time with your baby. Although it might not seem so at the time, the newborn period is very brief and is a special time that you'll always remember.
- Keep your sense of humor.



▶ Smoking and pregnancy

If you've quit smoking, congratulations! If you smoke, try to stop now—for your health and your baby's.

- The risk of sudden infant death syndrome (SIDS), or "crib death," increases if a mother smokes during or after pregnancy.
- Children from smoking households have 4 times as many respiratory infections (lung, sinus, and ear infections) as those from nonsmoking households.
- If you've quit smoking, it's important to stay smoke-free during pregnancy and after your baby is born. Not smoking will help your health and the health of your family. You've worked hard to stop smoking. Use your new skills to remain smoke-free.
- If you are still smoking, now is a good time to stop. Your baby will be exposed to toxins from your clothing even if you smoke outdoors.
- Encourage your partner or other family members to quit smoking with you. It's easier not to smoke when you're surrounded by other nonsmokers. Support each other in staying smoke-free.
- Talk with your doctor or ask for a referral to Early Start for help with quitting smoking or staying quit.
- If you are vaping instead of smoking, talk with your doctor about the risks.

▶ Staying healthy during pregnancy and beyond

HELPING YOU AND YOUR BABY SLEEP

Getting enough sleep is a problem for all new parents. Newborns sleep about 16 hours a day, but they sleep on a different schedule than adults. A newborn's sleep cycle is about 45 to 50 minutes. Just like adults, they may stir without fully waking during each sleep cycle. New parents often assume that their baby is hungry when he or she stirs. Giving your baby time to settle back to sleep allows for better rest for parents and baby. A 2-week-old baby may sleep for only 2 to 3 hours (or less) before waking up to be fed. By 4 months, most babies sleep 6 hours or less at a time before needing to be fed. What you do now and during the first months of your baby's life will help everyone sleep better.

Try these tips to promote good sleep habits:

- Have a consistent place and time for sleep, especially at night.
- Keep the sleep area quiet, dark, and at a comfortable temperature.
- Turn the TV and radio off, or down.
- Have relaxing bedtime routines, such as songs, hugs, and kisses. Follow your routine every night. Your baby will learn that being in bed means going to sleep.
- Don't change a sleeping baby's diaper after feeding. Most babies can tolerate a wet diaper for 1 to 2 hours. When your baby wakes up, change the diaper first and then feed your baby.
- If you're breastfeeding, burp and change your baby between breasts. This will help your baby wake up for the second side.
- Limit caffeine to 1 to 2 cups in the morning. Avoid all caffeine, including sodas and chocolate, late in the day.
- Go for a walk every day—fresh air and exercise will help both you and the baby sleep.

You can help your baby learn good sleeping habits. In the meantime, try to sleep when the baby sleeps.

▶ Inducing labor

When labor does not start naturally on its own, it may be started artificially (induced). In general, we recommend labor induction when it's safer for you to have the baby now rather than waiting for labor to start on its own.

Depending on how ready your cervix is for labor, there are different methods used to induce labor.

- If your cervix has already begun to dilate (open), amniotomy (breaking the bag of waters) may be enough to induce labor.
- If your cervix is less open but still softened, thinned out, and slightly dilated, a medicine such as Pitocin may be given to cause contractions. Pitocin is a synthetic version of the hormone oxytocin. It's given through an intravenous (IV) line and is carefully controlled so that contractions increase gradually.
- If your cervix is not ready for labor, you may get a Foley Bulb, prostaglandin (PG) gel, or a medication called misoprostol. These methods help to prepare the cervix for induction. With a Foley

Bulb, a small catheter is placed into your cervix. The inflated end of the catheter applies pressure on the inside of your cervix, which helps open or dilate the cervix. Prostaglandin gel and misoprostol are medications that are given either intravaginally or orally to help prepare the cervix for labor.

Sometimes the induction process is fast. Other times, it takes 2 to 3 days, especially if the cervix is not ready or the uterus does not respond well to these methods. Induction may increase the risk of C-section.

Discuss the pros and cons of induction with your doctor so that you understand your options. If your doctor recommends inducing labor or delivering before 39 weeks, you should ask:

- Why is it necessary to induce labor?
- Is there a problem with my health or the health of my baby?
- Can I wait to deliver my baby until I'm 39 weeks pregnant?
- How will labor be induced?

► Your hospital stay

Whether your hospital stay lasts several hours or several days, it's very important to rest as much as possible and to learn about caring for yourself and your newborn. The following information will help make your hospital stay more enjoyable and safer for you and your baby.

INFANT SECURITY

The security of your baby is a responsibility shared with you by all members of the hospital staff.

- You and your baby will have identification bands that will be matched several times and documented on your chart. If a band falls off, tell your nurse right away.
- All hospital staff are required to wear photo ID badges. You should ask to see a staff member's badge if it is not visible.
- If anyone comes into your room to provide care and is not wearing a photo ID badge, please call your nurse immediately.

- A white lab coat alone is not proper identification of a staff member.
- Know your nurse's name.
- Hospital staff only move babies in their cribs. No one should carry your baby in their arms for a procedure or a test.

You should never leave your baby alone in your room even for a short time. If you need to leave, tell your nurse.

TELEPHONES

Patient telephones are located at each bedside. Check with your hospital about telephone charges.

VISITORS

Anyone with a cold, diarrhea, skin infections (such as a boil or rash), or exposure to a contagious disease, such as chickenpox, measles, or mumps, should not visit. Also, try to prevent exposure to contagious diseases when you return home. Make sure

that all visitors wash their hands with warm, soapy water for at least 20 seconds before touching the baby.

Your partner or support person may visit at any time and may be able to stay overnight. Children, other family members, and friends may also be able to visit you. Visitors are usually limited to 2 at a time. Check with your hospital for the visitor policy.

MEALS

When you're ready to eat, the nursing staff can help you. Let your nurse know if you have special dietary needs.

SMOKING

Smoking is not allowed in the rooms or anywhere in the hospital building. It's always important for you and your baby to stay away from cigarette smoke. Breathing smoke-filled air can cause asthma, ear infections, and even SIDS (crib death).

► Pain relief options during labor and delivery

All women will feel some pain during labor and childbirth. Every woman copes with pain in her own way. You can choose if you plan to use pain relief medication. Even if you plan to give birth without pain relief medication, it's important to know about the options that are available.

Whether or not you decide to use pain relief medication, breathing and relaxation techniques can help you during early labor, before going to the hospital. Even with medication, it's unrealistic to expect no discomfort during your entire labor. Often women will combine medical and "natural" pain relief. To help us support you, consider using a birth plan to tell us about your preferences for labor and birth.

- **Unmedicated birth.** Whether to use pain medications during labor and delivery is a personal choice. If you prefer a natural or unmedicated childbirth, we can support you in your decision. It's a good idea to practice breathing and relaxation techniques in a class or at home before your labor.
- **Analgesics.** Analgesics are pain medications, such as opioids or narcotics, which are given through an IV or by injection to lessen the pain of contractions. These medications are usually given well before delivery because otherwise they can affect a newborn's breathing.
- **Anesthetics.** Regional anesthetics (epidural or spinal) decrease sensations below the waist. Medication is given through a small tube that is inserted into the lower back. If you have a C-section, a regional anesthetic will numb the abdomen but will allow you to remain awake during the birth.

Local anesthetics may be used at the time of delivery to numb just the vaginal area.

General anesthetics, which put people to sleep, are used only in emergency cases.

RECEIVING AN EPIDURAL DURING LABOR

If you and your doctor decide to use an epidural, you can expect the following steps:

- The anesthesiologist on duty will talk to you. Your medical history will be taken, and an exam will be performed to find out if an epidural will be safe and effective in your individual case.
- You may have a blood test, depending on your medical condition.
- You need to be well hydrated before an epidural, so you may get fluids by IV ahead of time.

While you are waiting for the epidural, you can continue your relaxation and breathing exercises, or you may choose to have analgesic pain medicine to help manage the pain.

Once medication is started through the tube in your lower back, it will take about 15 to 30 minutes before you feel pain relief. Ideally, the epidural will ease the pain but still allow you to feel pressure from your contractions. Being able to feel contractions helps with pushing during delivery. Only rarely will an epidural not help with pain relief. If the epidural does not work as we expect, it may need to be placed again. Once the epidural is placed, you may be able to control your own pain level by using "patient-controlled epidural anesthesia" (PCEA).



surgeries and require special ways of caring for yourself. While you're in the hospital, your diet and activity level will gradually be increased. Your fluid intake and output will also be monitored. Make sure your diet includes plenty of protein, vitamin-rich foods (especially those containing iron), and fluids to speed healing and to replenish your energy stores. Additional rest is also important.

In most cases, your nurses will help you get out of bed and use the restroom about 12 hours after delivery. Although you will probably want to rest, moderate activity will help with your recovery.

When you return home you may need additional help. Be sure not to lift anything heavier than your baby for at least 3 weeks.

Careful attention to your incision will help you heal more quickly.

- Be sure to keep your incision site clean and dry.
- Don't use lotions, ointments, or powder near the incision.
- Don't scratch the incision. If it itches, scratch around the incision carefully.

► After a cesarean birth

If you have a cesarean birth (C-section), it will take more time for you to recover than it does for most women who have a vaginal birth. Although C-sections are common, they are major abdominal

(continues on page 6)

► What to expect after delivery

Going home from the hospital is enough excitement for one day, so take it easy. Use this time to get your new baby settled and to spend time with your partner and other children, if you have them.

It usually takes at least 4 to 6 weeks until you feel fully recovered. If you've had a C-section, your recovery might take even longer. You should feel stronger each day. For the first few weeks after you return home, it's important to rest. Increase your activity level gradually. Pace yourself and try to nap when your baby naps. Avoid having too many visitors or social activities. Strenuous work, such as heavy lifting and housework, should also be avoided until you're fully recovered. Before the birth, arrange childcare for older siblings if possible. Make sure that there is another adult to help out for at least a few days after you come home. Continue taking a multivitamin after delivery, especially if you are breastfeeding.

The first week, you should limit climbing stairs to once or twice a day. By the end of the first week, you can take your baby outside for short walks. If you're not sure about whether you should be doing something, it's best not to do it. It's usually possible to return to ordinary nonstrenuous employment about 6 weeks after a normal vaginal delivery or 8 weeks after a C-section.

You'll be scheduled for an appointment with a Newborn Care Center Lactation Consultant 1-3 days after discharge from the hospital. This visit will include:

- newborn physical,
- support and education on breast and bottle feeding,
- assistance with latching,
- help with expression and expressed breast milk feeding,

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► Becoming a family

Like many couples, you may feel the anxiety and effort of labor give way to relief, excitement, and joy when your baby is born. For 1 to 2 hours after birth, your baby will be alert and active. This is a great time for you and your baby to get to know each other and to begin to bond as a family. Your nurse will help to create an atmosphere that supports bonding. This includes keeping the noise level and the lights down and keeping the room at a comfortable temperature.

If you and your baby are both doing well after delivery, you'll be encouraged to hold your baby skin-to-skin, without clothing or blankets between you. This helps your baby to stay warm and feel secure. After delivery, your baby will be wiped dry and placed directly on your chest. Holding your baby skin-to-skin helps regulate your baby's breathing, heart rate, and temperature. It also helps you get a good start with breastfeeding. Skin-to-skin contact with you and your partner comforts your baby through the first weeks of life.

Your baby has a well-developed sense of smell, touch, and hearing and will respond to caressing and soft sounds. If you have other children, you can encourage them to gently touch and speak to their new brother or sister.

If you're separated from your baby for medical reasons, you'll be able to hold your baby as soon as you and your baby are stable. Your partner will stay with your baby whenever possible.

Keeping your baby in your room, or "rooming-in," helps you to develop skills and confidence to care for your baby. Our goal is to support your family as you learn the basics of newborn care. When you go home from the hospital, you should feel confident about breastfeeding, burping and soothing your baby, changing diapers, and recognizing the signs and symptoms of illness in your newborn. Call your doctor if you have any questions about caring for your baby.

► Caring for your newborn

Bringing home a new baby can feel like a huge responsibility. Just knowing the basics will help you develop confidence as you care for your baby.

HAND WASHING

It's important to wash your hands before holding your baby. Make sure all visitors wash their hands before touching the baby. To wash your hands well, wash with warm, soapy water for at least 20 seconds.

UMBILICAL CORD CARE

- Keep the area clean and dry. Keep the diaper folded below the cord, so it doesn't irritate the area.
- Use a damp washcloth to give your baby sponge baths until the cord falls off. The cord will drop off on its own, usually between 1 and 2 weeks.
- Infections are rare, but call your baby's doctor if you notice either a foul-smelling discharge or red, tender skin around the base of the cord.

BOWEL MOVEMENTS

The baby's first stool is the dark green, sticky meconium. Babies vary in their frequency of bowel movements. Some babies, especially those who are breastfed, have several bowel movements each day. Other babies have 1 to 2 a day, and still others have one every 2 to 3 days. Breastfed babies tend to have loose, yellow stools, while formula-fed babies have more formed stools. If your baby has pellet-like stools, he or she is constipated. If this continues for more than 2 days or if you have any concerns, you should call your baby's doctor.

BATHING

Although you don't need to bathe your baby every day, your baby may sleep better after a bath. Bath time is also a good chance to check your baby's skin for rashes and hold your baby skin-to-skin.

- You can use a damp washcloth to give your baby sponge baths until the umbilical cord falls off.
- Clean creases around the neck, underarms, legs, and genitals especially well with soap and water.
- Although there are many baby products, babies do not need oils, powders, or lotions. Do not use baby powder as it may affect your baby's lungs.
- Use a mild hypoallergenic soap (such as Dove or Cetaphil) and water.
- Never leave your baby alone in the bath even for a moment, no matter how little water is present.
- Check water temperature on the inside of your wrist. Water should be lukewarm, not hot.

CARE OF THE CIRCUMCISED PENIS

For the Plastibell method:

- Clean your baby's penis by gently washing with water 3 times a day or with diaper changes.
- Put petroleum jelly on the Plastibell ring after cleaning.
- The ring should fall off 4 to 10 days after the circumcision. Don't pull the Plastibell ring off because this can cause bleeding.



For the Gomco or Mogen methods:

- Apply lots of Vaseline to the penis with each diaper change for at least 2 to 4 weeks. If there is a gauze dressing, let it fall off on its own.

CARE OF THE UNCIRCUMCISED PENIS

If you decide not to circumcise your baby, taking care of his penis is easy. Just wash the penis with soap and warm water. Do not try to pull back the foreskin. Most boys will be able to retract their foreskin by the time they are 5 years old, while others may not until after puberty. When your son can retract the foreskin, teach him to clean underneath it at least once a week.



► Birth control after the baby

After childbirth, intercourse is not recommended for at least 6 weeks, or until the mother and her partner are both feeling ready. Now is a good time to decide what type of birth control you'll use after the baby is born. If you wish to have another baby, it's important to decide how long you want to wait before you become pregnant again. You can still become pregnant while breastfeeding, even if you haven't had a monthly period yet. You must use reliable birth control while nursing.

If you don't wish to become pregnant again for a while, we recommend a very effective method, such as an intrauterine contraceptive device (IUD), Depo-Provera (3-month injectable), Nexplanon (3-year implant), or birth control pills. Condoms are also effective in preventing pregnancy when used correctly. They also provide protection against HIV and other STDs. If you do not wish to become pregnant again, permanent sterilization is available. You can discuss any questions you may have with your doctor.

INTRAUTERINE DEVICE (IUD)

The IUD is a small plastic device inserted into the uterus. It can safely be used while breastfeeding. The IUD is effective for 5 to 10 years, depending on the type, but it can be removed earlier if you want to get pregnant. The IUD can be inserted at your postpartum office visit. The IUD can safely be used while breastfeeding.

DEPO-PROVERA

Depo-Provera is a shot of progestin once every 3 months. It is safe to use while breastfeeding, but your doctor may have you wait until your 6-week postpartum visit to get the first shot.

An additional birth control method (such as condoms) should be used for 2 weeks after your first shot. Depo-Provera is not recommended for more than 3 years due to concern about bone loss when used for longer periods of time. There may be a delay in getting pregnant after you stop taking the shots.

NEXPLANON

Nexplanon is a contraceptive implant that contains a progestin hormone. It's a flexible plastic rod about the size of a matchstick, implanted under the skin of the upper arm. It can stay in place for up to 3 years and can be removed by your doctor. Nexplanon can safely be used while breastfeeding.

BIRTH CONTROL PILLS

If you're breastfeeding, progestin-only birth control pills (or "mini-pills") are less likely to decrease your milk supply than the combination estrogen-progestin pills. After you stop breastfeeding, your doctor may recommend switching to a combination pill.

Because you can still get pregnant when you start taking your first pack of pills, be sure to use an additional method of birth control (such as condoms) for 2 weeks after starting your pills.

The pill should be taken at the same time every day. If you miss a pill or are late in taking the pill, take it as soon as you remember and use a backup method of birth control during the rest of that pack. Discuss any questions about the pill with your doctor.

BARRIER METHODS

Barrier methods of birth control—such as condoms and diaphragms—need to be used every time you have sex. They can be less effective than other methods, so you need to make sure you understand how to use them correctly. Condoms can also protect against HIV and other sexually transmitted diseases (STDs). Diaphragms need to be fitted during an office visit after you give birth. Even if you were using a diaphragm before you became pregnant, giving birth may have changed the size that you need. Barrier methods are safe to use while breastfeeding.

EMERGENCY CONTRACEPTIVE PILLS

It's a good idea to have some emergency contraceptive pills (ECPs) at home in case unprotected sex happens. This might occur if a birth control pill is missed; you're late for a Depo-Provera injection; or the diaphragm, cervical cap, or condom has slipped out of place. If you take ECPs within 5 days after having unprotected sex, the risk of getting pregnant is reduced by 85 percent. The sooner you take ECPs after unprotected sex, the more effective they are. ECPs may be less effective in women who are overweight. You can buy ECPs at any pharmacy before you might need them. ECPs do not cause abortions.

PERMANENT STERILIZATION

Tubal ligation, also called having your "tubes tied," is a permanent nonreversible form of birth control for women. You must sign consent forms before you can have this procedure. If you are scheduled for a C-section and wish to have tubal ligation, ask your doctor if the procedure can be done at the same time. Essure is a nonsurgical form of permanent birth control typically performed 6 to 8 weeks postpartum. It is often done as an office procedure with no incisions and no general anesthesia. Vasectomy is a permanent form of birth control available for men. Talk to your doctor to learn more about these options.



► Sexual activity

Many couples find it difficult to be sexually active for several months after delivery. Demands on your energy and time, sleepless nights, fear of pain, hormonal shifts, and your need to physically recover from childbirth all contribute to a lack of interest in sex.

Sometimes, however, you or your partner may have an increase in sexual desire. It's impor-

tant to recognize that you and your partner might have different needs at this time.

It usually takes 6 weeks for your body to heal after a normal vaginal delivery, and longer if you had a C-section or your delivery was complicated. We recommend that you wait 6 weeks or until both mother and partner are feeling ready for intercourse.

When your doctor gives you the OK and you're physically and emotionally ready for sexual activity, start off slowly by cuddling and caressing. Your natural vaginal secretions are decreased by the change in your hormones. Therefore, you may want to use a lubricating gel such as K-Y Jelly or Astroglide. It's common for sex to be uncomfortable the first few times after childbirth. Vary your positions so that you are side to side or on top so you have more control.

If the baby is sleeping and you and your partner are together, take advantage of the situation. Turn on some relaxing music and light some candles to help put you in the mood. Don't forget to communicate; express your needs and expectations, and listen to your partner. This is a time of adjustment for you and an opportunity to become even closer.

► What to expect after delivery

(continued from page 4)

- feeding frequency,
- breast pump assistance, and
- learning when to call the lactation consultant or provider.

You'll be scheduled for a follow-up appointment with your doctor within 4-6 weeks of delivering your baby. It's important to go to this appointment (even if you're feeling fine) so that your doctor can check that you're healing properly.

"Baby blues" are very common in the first few weeks after delivery. There may be times when you cry and feel sad, anxious, or irritable for no reason. If these feelings last longer or are more intense, they could be symptoms of postpartum depression. Postpartum depression affects about 10 percent of mothers in the first year after giving birth. If your symptoms are severe or go on for more than a few weeks, call your doctor. Postpartum depression is treatable with counseling, medication, and self-care.



► You and your baby have the right to be safe

If someone is hurting you, making you feel afraid, putting you down, or pushing or hitting you, it's not right and it's not your fault. Abuse happens when someone attacks you physically or with words. Abuse usually happens when one person tries to control another person. If someone has hurt you before, it may happen again while you're pregnant or after the baby is born.

- If you're having problems with someone who threatens or hurts you, tell your doctor. We can help you and your baby to be safe.
- Remember: It's not your fault, no matter what anyone tells you. Nobody deserves to be abused.
- You need to take care of yourself. If you are hurt, your baby is affected, too.

You're not alone. Help is available.

HAVE A SAFETY NET

- In an emergency, call 911.
- If you're not in immediate danger, call the National Domestic Violence Hotline at (800) 799-7233, 24 hours a day. The hotline has counselors who speak English, Spanish, and other languages, and they can help you with safety planning and local resources. Visit kp.org/domesticviolence for more information.

► After a cesarean birth

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- If you have steri-strips and they have not come off by themselves after 10 to 14 days, feel free to remove them.
- If you have been prescribed pain medication, be sure to take it as directed.
- Call your doctor if you notice any redness, pus-like discharge, or opening of your incision, or if your temperature is 100.4 degrees or higher.

► Soothing a newborn

LEARNING ABOUT YOUR BABY'S CRIES

- It's normal for babies to cry for 1 to 3 hours a day. Some cry more, some cry less.
- Babies don't cry to upset you or make you angry. Your baby is simply trying to communicate needs and feelings.
- Babies cry for a lot of different reasons. Sometimes, you can figure out what your baby needs and you can help. Sometimes babies cry for unknown reasons.
- When you respond to your baby's needs, you teach your baby to trust you.
- When your baby cries, try the suggestions below. However, you may try everything you can think of and your baby still cries. At these times, it's OK to lay your baby down on his or her back in the crib or bassinet. Usually, after a short time, your baby will become tired and go to sleep. If your baby is still crying after 10 to 15 minutes, pick your baby up and try the suggestions below again.

WAYS TO SOOTHE YOUR BABY

When your baby cries, what is he or she trying to tell you? What can you do?

Your baby MAY BE...	Try these tips to soothe your baby
hungry	Try feeding your baby, even if he or she just ate. Babies can become hungry more often during a growth spurt.
gassy	<ul style="list-style-type: none"> • Make sure your baby has a good breastfeeding latch. • After feeding, hold your baby on your shoulder or upright in your lap for 15 to 30 minutes. • Take time to burp your baby before switching breasts, and after the last side you nurse on. Burp a bottle-fed baby after feeds also.
in need of a diaper change	Some babies can't stand having a wet diaper. Babies may also cry if they're about to have a bowel movement or if they've just had one. Try checking your baby's diaper.
too cold	Place your baby skin-to-skin to warm up quickly. Or add more clothes, put on a hat, or use a blanket to swaddle your baby. Turn up the heater.
too warm	If your baby's skin feels warm, take off some of his or her clothing. If your baby still feels hot after 10 minutes, check your baby's temperature. He or she may have a fever.
tired	Wrap your baby in a blanket. Some babies like to be swaddled. Try rocking him or her to sleep.
lonely	Try picking up and cuddling your baby, or wearing your baby in a wrap or carrier.
tense	Continuous motion and sounds can help calm your baby. <ul style="list-style-type: none"> • Rock or walk around with your baby. • Take your baby for a ride in the car or stroller. • Put your baby near sounds like running water, or play soft music or white noise. • Sing to your baby.
overstimulated	Take your baby to a quiet place to calm down.

STAYING CALM WHEN YOUR BABY CRIES

Although you may feel overwhelmed, try to stay calm when your baby cries.

- Try deep breathing or relaxation techniques.
- If you need a break, lay your baby down on his or her back in the crib and leave the room for 10 to 15 minutes.
- Ask your partner or a friend to take over for a while.
- Never shake your baby! It can cause serious injury and death.

Call your doctor if your baby cries for more than 4 hours each day. Ask for help right away if you feel like you might hurt your baby, or if you feel like you're losing control.

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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