

Newborn Notes

Congratulations on your new baby! This is an exciting time for you and we would like to share some thoughts and suggestions that will help you enjoy your newest family member. This pamphlet has been written (and re-written!) after answering many of the questions from new parents in the first few weeks. It is by no means complete. Please feel free to ask us about any questions or concerns that you have while in the hospital. After discharge, help is only a phone call away. Our goal is to help you to enjoy your baby and to enjoy parenting.

WHAT ARE NEW BABIES LIKE?

People used to think of babies as if they were helpless lumps of clay. It was said in many baby books that a new baby could not see for weeks and did not hear: "Eat and sleep, that's all they do." That is not true at all! For example, did you know that:

- an awake baby at ten minutes of age prefers to look at a human face? His or her eyes will follow you if you move slowly?
- babies by three days of age can smell the difference between their own mother's milk and cow's milk?
- by three days of age, babies can show that they hear by turning towards the tinkle of a bell? Most babies will become quiet when they hear their mother's voice?
- babies love to look at complex designs and enjoy bright colors?
- babies prefer to be held with their heads up so that they can look around? When held this way, babies naturally open their eyes, and will stop fussing. A favorite position is being held upright, looking over mom or dad's shoulder.

A REAL STAR

You will discover that your new baby has a unique personality, and shows it in many different ways. For example, some babies are always active, sleep in short naps and like to feed often. Other babies prefer to stay quiet, sleep longer periods, and feed less often. Some babies cry easily; others don't cry much at all.

Your baby will probably show several of these traits, and may change as he or she grows. But the particular combination of such things as activity, mood, attention span, and response to new situations make for your baby's unique personality.

We enjoy discussing things you notice about your baby; we can help you understand your child's special way of doing things. As you learn more about your baby's personality you will become more comfortable in knowing what to expect at different times and in doing things in a way that makes it more pleasant for you and your baby.

GETTING TO KNOW YOUR BABY

While you're in the hospital keep your baby in the room with you as much as possible. That way, you and your baby will have a good start at getting to know each other's personality (yes the baby has one, too!). You'll also have a chance to test out what we say here about what your little one can do. Maybe you'll make some of your own discoveries - tell us.

If you choose to breast feed, keeping the baby in the room with you will give you a chance to feed the baby when you think it's time. Breast feeding "by the clock" really doesn't work with a young infant.

WHAT DOES YOUR BABY LOOK LIKE?

As you examine your baby, you may see some things that could concern you. We will comment on a few of them to reassure you.

A. *Birthmarks:* Many babies have little pink marks on the back of the neck, on their eyelids, or on the bridge of their noses. They may also have blue-black areas on their lower backs or buttocks. These generally disappear, but it may take a number of months to do so.

B. *Dry Skin:* Your baby's skin may be dry and scaly because of being in water for nine months or more. Give him or her a few weeks of sponge bathing without any special care and his skin will become smooth.

C. *Eyes:* They may be initially swollen. If there seems to be a discharge from one or both eyes after two or three days, call us. Generally, the swelling should go away after 3-6 days. It may be months before you can be sure of your baby's permanent eye color. Sometimes there is a red mark on the white of the eye. It should disappear in 2-3 weeks.

D. *Hands and Feet:* Sometimes they may look blue, especially during the first week or two. This is nothing to worry about.

E. *Head:* The baby's head may look a little misshapen during the first week or two because of its being pushed through the birth canal. The soft spots of his skull are there to allow for brain growth and skull expansion.

HOW DO BABIES ACT?

Babies sense any distress in those who handle and take care of them. If you learn to relax and enjoy your baby, you will see that reflected in the baby's activity.

All babies sneeze, yawn, belch, hiccup and cry. Sneezing is the only way that a baby can clear his nose of mucus, lint, or milk curds that can cause noisy breathing. Having a short neck and airway can make a little mucus sound like severe congestion or can make breathing sound raspy. Hiccups are innocent little spasms of the diaphragm muscle. You may be able to stop them by extra burping or by using a pacifier.

Babies cry for many reasons. They may be hungry, wet, sick, too warm, too cold, bored, etc. After you have spent some time with your baby, you will know that there are different cries for different needs. Even a well-baby will probably cry for a little while each day and may have a particularly fussy period in the

evening. This may last for several hours and stop as suddenly as it started. It is nothing to be concerned about unless the baby has other symptoms of illness. If you feel that the crying is excessive or too frequent, please call us for advice.

The sleep patterns of new babies vary. They do tend to sleep as much as 20 hours out of every day, but some babies may require less sleep. If the baby seems to be awake more than you would expect, but is content, don't worry. If he or she sleeps more than you would expect but still wakes up to feed 5 or 6 times a day, that is normal too. Babies require less sleep as they get older.

DEVELOPMENT IN THE FIRST MONTH

Observing the normal growth and development of your baby will be one of the most exciting parts of parenting. At each "check-up" we will discuss the developmental milestones that you can watch for before the next visit. We will also give you a sheet that outlines them. Knowing what is normal and expected makes parenting more fun and definitely less stressful. In the first month of your *full-term* baby's life look for the following behaviors:

- behaves largely in terms of reflex actions: crying, grasping, yawning, swallowing, sucking, blinking, coughing, gagging, sneezing
- moves with jerky, mostly uncontrolled motions
- waves arms, kicks legs, wiggles and squirms
- reflexively grasps whatever is placed in hand
- reflexively sucks whatever is placed in mouth
- is startled by sudden noises and movements
- cannot turn body
- cannot sit without support
- may turn head from side to side while lying on back
- may raise head briefly while lying on tummy
- cannot support head without assistance
- usually sleeps from 17 to 20 hours per day
- cries and fusses about 2 to 4 hours out of a 24-hour period
- is alert and quiet about 2 to 3 hours out of a 24-hour period
- smiles spontaneously
- sees best at 8 to 10 inches
- discriminates between some smells
- begins to turn in direction of sound
- begins to distinguish the human voice from other sounds
- is more sensitive to high-pitched voices, especially mother's
- is best calmed by a soft, rhythmic voice
- cries a lot
- makes tiny gurgling sound when content
- senses parent's emotional state from the touch
- shows preference for the human face
- begins to distinguish a parent's face from a stranger's face

Reading about infancy and parenting can be helpful. If you have specific questions, such as nutrition or sibling problems, we can make suggestions. Three books that we recommend are *The American Academy of Pediatrics New Mother's Guide to Breastfeeding* by Meek, *What to Expect the First Year* by Eisenberg, Murkoff and Hathaway, and *Caring for Your Young Baby and Young Child*, edited by Shelov. This last book is an especially helpful guide for parents of children from birth to age five. An older book that is still very valuable, because it emphasized the differences between **normal** children of the same age is *Infants and Mothers* by Brazelton. All four are available at local bookstores, as well as through most online retailers.

Books can be an integral part of your child's life from the beginning. Your newborn will enjoy just hearing your voice, so read aloud your favorite mystery or spy novel while feeding or cuddling with the baby. The interchange between you and your infant is far more important than the actual plot or pictures in a book.

As the baby gets older, read on a daily basis. Choose books that are durable (cloth or board books) with bright colors and large simple pictures. Constant repetition of the books will encourage baby's speech and help him with recognition and naming of familiar objects. Babies enjoy feeling the rough-smooth textures found in "touching" books and listening to the sounds of nonsense verse and nursery rhymes. You'll be surprised at how quickly he or she will learn to join in the rhymes and songs.

If you continue to make reading time fun, your baby will develop a lifelong love for reading and books.

A WORD ABOUT SMOKING

INFANTS ARE VERY SENSITIVE TO CIGARETTE SMOKE. It is irritating to their sinuses and small airways. Many studies have shown that infants of mothers who smoke get more respiratory infections than babies of non-smoking mothers. Babies who are exposed to smoke are more prone to ear infections. There is even evidence that babies exposed to cigarette smoke are more likely to have chronic respiratory problems, such as asthma. Even more frightening is that the risk of SIDS ("crib death") increases in children exposed to smoke. Therefore, if you smoke, this is the perfect time to quit. If friends come over, do not be afraid to ask them not to smoke, or to step outside for their cigarette: you are protecting your infant's health. **NEVER ALLOW ANYONE TO SMOKE IN A CAR WITH CHILDREN.**

SLEEPING POSITION

Your baby should sleep on his or her back. In the past, physicians have recommended that babies sleep on their stomach, because of concern that they might spit up and choke or aspirate. Studies have shown that this is not a risk. More important, it has been proven that the risk of SIDS ("crib death") is much reduced when babies SLEEP ON THEIR BACKS.

Hints on Buying Clothes for a Newborn:

- Buy clothes according to your baby's weight, not according to age.
- Look for clothing that is easy to put on and take off: t-shirts with snaps or large openings at the neck, sleepers that have zippers that go from neck to foot, pants with snaps at the crotch so that it is easy to change diapers.
- Make sure that seams in clothes are not scratchy or bulky and that there are no loose threads to constrict your baby's toes or fingers.

- Buy plastic bibs (toddler size) that are large enough to cover your baby's whole body - the large size saves on baths! Use smaller bibs for drooling.
- Buy a snowsuit that is large enough to fit over the baby's other clothes for the entire winter. Also, don't buy a snowsuit with a slippery outer layer: it can be almost impossible to hold onto a squirming baby.
- Be sure to follow the washing instructions on all garments so that they retain their fire-retardant qualities.
- Babies have very sensitive skin, we recommend using gentle detergents (perfume free, or dye free) whenever possible to prevent skin irritation.

DRESSING YOUR BABY

Winter

- In your zeal to keep your baby warm, don't cause sweating or heat rash!
- Rather than one heavy outfit, use layers of clothes which you can add or take off as needed.
- With proper clothing, your baby's neck will be warm but not sweaty; his hands will be slightly cool.

Summer

- Warm weather calls for as little clothing as possible; diapers and a t-shirt (if it's really hot, skip the t-shirt).
- Babies sunburn very easily - be sure to protect them from direct sun with light clothing and/or sunscreen.
- Sunscreen has limited effectiveness under six months of age. It may provide a small amount of secondary protection, but still does not permit prolonged sun exposure. Remember, nobody *needs* a tan, especially babies!

Hints on Dressing your Newborn:

- Babies panic when their breathing is obstructed: remember this when you pull clothes over your baby's head. The best procedure is to gather the clothes at the back of the head, put the clothes on the back of the head and then pull them quickly over your baby's face.
- To take clothes off, take the arms out of the sleeves, and then quickly over your baby's face.
- The only easy way to put on stretch suits is to lay the suit out on a flat surface, place the baby on top and then put the legs in first with the arms last. Snap from top to bottom so that you get the snaps right.
- When you are trying to get your baby's arm through a sleeve, gather the sleeve up accordion-style so that there is only a short distance to guide the arm through.
- Babies are not usually fond of head gear, so use a cap only if weather is very cold or if the baby will be exposed to direct sun.

Shoes

- A baby has no need for shoes until he begins to walk outside the house. Walking barefoot provides better balance and helps strengthen muscles. Socks or slippers also make it harder for your baby to crawl and walk.
- Sneakers are perfect shoes. They are neither expensive nor stiff.
- When you buy shoes, get a proper fit. Take the baby along and make sure the shoes are 1/2 inches longer than the longest toe (with socks on the baby's feet).
- If you do buy leather shoes, sandpaper the soles to give better traction.

BABY CARE

It is a good idea to have a fairly regular time for bathing your baby. The room should be warm with no drafts. Keep bathing supplies together to save steps and avoid having to leave once the baby is undressed. Until the cord has dropped off and the circumcision area is healed, wash your baby by sponging. Once the cord is off he can be bathed in a small amount of water in his own tub. **Never** leave the baby alone or turn your back on him while he is in the water!

In the winter months, frequent bathing can lead to dry skin. Bathing should be limited to no more than twice a week during the winter months, unless instructed otherwise.

Specific instructions are as follows:

Face: Wash with plain water (no soap) and soft cloth.

Eyes: Wipe each eye from corner closest to nose to outside corner.

Nose and Ears: Cleanse the outer areas only, with a moist cloth. Do not use Q-tips inside either the nose or ears. There is great danger of injury with their use.

Mouth: Do not cleanse.

Head: Use a mild baby shampoo to lather the head gently. Work from front to back. Do not be afraid to wash over the soft spots.

Body: Use a mild soap and wash in all creases. Rinse well.

Finish the bath with play - make sure your baby associates bath time with fun. You might end bath time with a massage after your baby is dry. Use some massage oil (for example, almond oil) so that you don't chafe the baby's skin. The massage relaxes the baby and is enjoyable for both parent and baby.

Hints for Newborn Baths:

- The more fun your baby has during his bath, the easier and more enjoyable bath time will be for you. Talk and sing to your baby during the bath!
- Baths can be given at any time of day; it is one of the few aspects of baby care that can be scheduled when it is convenient for you instead of when the baby needs or demands it.
- Bathing the baby is something many fathers really enjoy.
- The best time to trim toe and finger nails is not after the bath, but when your baby is sleeping. Keep toe and finger nails short to prevent your baby from scratching himself. Use manicure scissors, not nail clippers; they are less likely to cut the skin.

Navel Care

Keep the area clean and dry. Sometimes, after the cord falls off (usually 1 to 3 weeks after birth), there may be a few drops of blood. This is not cause for worry. Do call us if you notice tenderness, redness, or swelling in that area or if there continues to be discharge 3 to 4 days after the cord has fallen off. Applying alcohol to the cord is no longer recommended as this delays detachment of the cord.

Circumcision Care

Watch for swelling and bleeding, and call us if any occurs. Use A&D ointment or Vaseline applied directly to the diaper area in front of the penis. If there is no sticking or oozing, these are not needed.

Stools and Care of Diaper Area

Your baby may have a bowel movement after each feeding, one or two a day, or one every other day. All patterns are within normal limits. Babies may strain when stooling. If stools are excessively watery or if they contain blood or mucus, please call us. If stools are hard and pellet-like, call us for some suggestions. Do **not** give your baby laxatives or enemas.

Change your baby's diaper as soon as possible after each wetting or bowel movement. Wash the diaper area with a clean, soft cloth and soap and water. Rinse well and pat dry. A zinc-oxide ointment, such as Desitin, may be used in the diaper after the skin is cleaned and dry, but should be washed off and reapplied at each diaper change. Cleansing towelettes may be used as long as they do not cause a skin irritation.

Diaper Care: If possible, use a good diaper service or disposable diapers. If using cloth diapers, put them through the rinse cycle of your automatic washer twice. Use half as much soap or detergent as you would ordinarily use.

Comfort

Room Temperature: Try to keep an even, comfortable temperature in the baby's room. On hot days, provide ventilation. On cold days, check on him occasionally to make sure he is covered enough to be comfortable. The best way to get a true picture of his body temperature is to feel his back or chest area, not his hands or feet.

Baby's Bed: His mattress should be firm and flat. A waterbed or sheepskin is **NOT SAFE** and could lead to suffocation of the baby. No pillow should be used. The mattress should be protected with a waterproof cover and should be the same size as the bottom of the crib. The crib slats should be no more than 2 3/8 inches apart. Crib bumpers are NOT recommended, as they can be a suffocation risk. In addition, older infants and toddlers can climb them and risk falling out of the crib. Also note, there are NO safe or approved "drop-side" cribs.

ACCIDENT PREVENTION

Specific accidents can occur at specific ages. Forewarned is forearmed. **YOU** are responsible for childproofing your home for the child's safety.

Birth to Four Months:

1. *Baths:* Temperature of water should not be too hot. Test water with your elbow. The hot water heater should be adjusted whenever possible to a maximum temperature of no more than 120 degrees Fahrenheit. Keep one hand on the baby at all times so he does not slip.
2. *Falls:* Make sure you never leave your baby on a surface from which he can roll to the floor.

3. *Toys*: They should be too large to swallow, too tough to break, and should have no sharp points or edges. Parts that can be pulled off and swallowed should be removed.

4. *Smothering*: Filmy plastic bags should not be placed in your baby's bed or playpen.

5. *Car Seats*: A rear-facing, approved infant seat must be used at all times when transporting an infant by car. Read and follow the manufacturer's instructions for installation and use, and keep them with the car seat.

FEEDING

General Information

There are no rigid rules regarding feeding. Each baby is different. Don't get into the habit of feeding your baby the minute he or she starts crying unless you are reasonably sure it is due to hunger.

Find out if the baby is wet or uncomfortable in any way, as this may be the reason for protests. Try offering a pacifier. You may let your baby cry it out after trying to quiet him or her through holding and talking. The entire family routine should not be totally disrupted by the arrival of a new baby. Attempts should be made over a period of time to fit your baby into your family's patterns.

Both mother and baby should be comfortable during feeding time. Whether breast or bottle feeding, your baby should be held comfortably close. This provides two kinds of nourishment: milk and love. For a young baby sucking is both an instinct and a pleasurable experience. Feeding will usually last 15 to 30 minutes.

Breast Feeding

In feeding your baby at the breast, the position of your hands is important. Your four fingers should be on the underside of your breast to support it. You would be using the opposite hand for that breast, i.e., use right when feeding from left breast. Your thumb should rest on the top side of the breast, just above the areola (the darker area around the nipple). The thumb's movement can guide the nipple into the baby's mouth. If you stroke his cheek nearest the breast and/or tickle his lips with the nipple, he should open his mouth wide to receive the nipple. It is important that the nipple be placed toward the back of his mouth.

As a newborn infant, your baby should be put on the breast **often**, perhaps every two hours. His frequent sucking will increase your milk supply. The feeding pattern will adjust itself as your milk supply increases. Breast fed infants may nurse about 15 minutes on each breast. The "hind-milk", or the last amount of milk which empties the breast, is higher in fat and will cause your baby to feel "full". If he is taken from the breast before he is full or if he needs to burp, he may be a little fussy.

The first month is the crucial time for successful breast feeding. You may have to "let the house go" in order to be available for frequent feedings. It will be worth it in the long run, although you may feel that you are doing nothing but breast feeding during that period. You will need to rest as much as possible in between feedings. Your milk will flow easier if you are relaxed and comfortable during the feedings.

Be sure to eat a balanced diet (meat, fruit, vegetables, milk, breads and cereals). Spicy and strong flavored foods may not agree with your baby as their chemicals may be passed into breast milk. Coffee, tea, and cola drinks contain caffeine. In some babies, even small amounts of this drug in breast milk can produce irritability. You should probably avoid these beverages if you notice an increased fussiness in your baby after you have these beverages.

Please consult us before:

1. taking **any** medications, as some medicines, including aspirin, are passed into the breast milk
2. introducing anything into the diet of your breast fed baby

Breast milk can be expressed manually or with a breast pump and stored if you are not available for one feeding during the day. It can be safely frozen (at constant 0 degrees F) for up to 3 months. Keep the breast milk deep in the freezer, not on the door.

Bottle Feeding

We will recommend a specific baby formula for your baby. There are special formulas for premature infants, for infants who have family histories of allergies, and special formulas designed to manage special problems. **Please do not change your baby's formula without discussing it with us or one of our nurses!** Your baby's health depends on good nutrition, and important decisions about infant feeding should not be made on well-meaning but unprofessional advice.

As you sit comfortably and hold your baby for feeding, position the bottle so that the neck of the bottle and the nipple are always filled with formula. This will prevent your baby from swallowing excess air. Air in his stomach may give him a false sense of being full and may also make him very uncomfortable.

Any standard brand of nipple can be used. The nipple holes should allow 30 to 60 drops of formula per minute to fall when a clean nipple is turned upside down. Formula can be fed at room temperature.

Never heat the bottle the microwave as it has caused serious burns because the formula heats unevenly and is dangerously hot in the center.

Never prop the bottle and leave the baby alone to feed. The baby may choke if he takes too much formula at once or the bottle may slip. Remember, too, that your baby needs the security and pleasure of being held at feeding time.

The amount of milk your baby takes will vary from meal to meal. This is normal. As your baby grows he or she will drink more. If your baby takes four ounces, for example, and still seems to be hungry, fill the next set of bottles with 5 or 6 ounces. The habit of giving your baby a bottle in bed to help sleep is difficult to break. It is also associated with dental problems in toddlers. Feeding should be done **before** putting the baby down to sleep.

We recommend iron-fortified formula either powdered, concentrate, or Ready to Feed. The first two types should be accurately measured and thoroughly mixed.

There is a misconception that iron causes constipation. While this may hold some truth in children and adults, it is not the case with infants. Babies need lots of iron. It is critical for development of their red blood cells. Using a low iron formula can result in anemia and other serious problems.

To prepare formula for feeding, begin by washing your hands. Make sure that bottles, nipples, and caps are clean. Washing bottles and equipment with detergent and a bottle brush is important. Rinsing all soap away is just as important. A dishwasher, if available, is ideal.

Bottles do not need to be heated, but should be at room temperature to feed. If formula is prepared properly and kept refrigerated until used, **routine sterilization is unnecessary** (that will surprise your mother).

Testing Nipples

Nipple holes should be the right size to help your baby suck evenly. If they are too small, the baby may get tired before getting all the milk needed and may suck in air around the nipple. If the holes are too large, he or she may gulp and choke on the formula. If the milk flows too fast, he or she may not get enough sucking time to satisfy him.

Nipples with holes that are too large should be discarded.

Solids

Don't be in a hurry to start solid foods since breast milk and formulas provide a complete, nutritious diet for the first 4 to 6 months. We do not advise starting solids until 4-5 months of age. There is some new information that suggests that overfeeding in infancy can lead to childhood and adult obesity. Most solids have more calories per gram than formula or breast milk. When starting solids fats are important in infant nutrition and low fat products are not recommended.

Since feeding practices have changed during the last 10 to 20 years, you may be in for some criticism from well-meaning relatives and friends. Please discuss your concerns with us.

Do not feed your baby cereal in a bottle mixed with formula. When it is time to start cereal, it should be fed from a spoon. Your baby might choke on the bottled mixture.

Do not add sugar or salt to your baby's food. Babies do not need either substance. This could contribute to dental and weight problems and/or high blood pressure in later life.

Feeding Schedules

Babies seem to do best on flexible schedules, being fed on demand. This usually allows for 2 to 5 hours between feedings. Breast-fed infants may get hungry sooner. Newborns should probably be wakened if they sleep more than 5 hours between feedings during the day. Most babies set up a "schedule" for themselves after several weeks. The timing of sleeping through varies from 3 to 12 weeks or perhaps even longer, especially in breast-fed babies.

Burping

Burping or bubbling helps your baby remove swallowed air. Even if fed properly, both bottle-fed and breast-fed babies usually swallow some air.

There are several ways to burp your baby:

- Hold him or her upright over your shoulder and gently rub or pat his back.
- Place him or her face down on your lap and gently rub his back.
- Hold him or her in a sitting position on your lap with the baby leaning slightly forward. Your hand should support his stomach.

It is not always necessary to interrupt the feeding to burp you baby, but you should do so after each feeding. He or she may not need to expel any air at every feeding. Do not try to force him.

After feeding and burping, he or she will probably go to sleep for the first few weeks. And remember, back is best for baby's sleep!

A baby has a tendency to spit up because the muscle which keeps the openings to the stomach closed is weak. Spitting up should not concern you as long as your baby gains weight and does not seem to be sick.

You Can't Spoil Your Baby

Once in a while we hear a new parent say something like, "He just wants to be held all the time". Or "He'll get spoiled if I pick him up". Just the opposite is true. In the first months, your baby needs a lot of attention and affection. When you pick up and comfort your infant, you are teaching that the world is really a pretty safe place for your baby. You are helping develop trust in you, and confidence in his or herself. These are important things for babies to learn in the first year, so they can be independent and self-reliant in later years. So don't be afraid to "baby" your baby!

CHECK - UPS

We will want to see your baby for the first check-up within the week after you go home. Please call the office when you go home (or call from the hospital) to make that appointment. Other routine office visits are at 1, 2, 4, 6, 9, 12, 15, 18, and 24 months of age, and then yearly after that. We may ask to see the baby in between those visits for special concerns. These check-ups are for you and your baby and are a good time to ask questions. If you might forget your questions, take a tip from some of our mothers; write down questions as you think of them at home and bring along your list to the visit.

When you bring your baby for the 1 month check-up, we will review the immunization schedule.

We enjoy seeing parents at physicals. And while other care givers may bring children for acute visits (with your written permission), at least one parent should be present at every well child visit. Other children can sometimes be a distraction to you and prevent you from getting your questions answered. If they do not need to see us, you might think of leaving them with a sitter or a friend.

A SPECIAL NOTE TO NEW MOTHERS

The emotions surrounding giving birth to a new human being are extremely strong, ranging from joy to panic and despair. In addition to these emotions, the birth process itself releases a flood of hormones in the mother's body which often wreak havoc with her emotions.

Hints for Dealing with Emotions of Becoming a Mother:

- Try to prepare for the emotional effects of stress and lack of sleep. Make a pact with your spouse that all crying, shouting, and yelling during the first 3 months will be treated as material for stories of "how we fell apart while learning to be parents" and will be otherwise forgotten.
- Don't try to be supermom. Some days, caring for your baby is all that you will get done.
- Reading is a cheap and easy way to escape.
- Keep yourself physically fit.
- Enjoy your baby! Rather than fight it, concentrate your energy and attention on nurturing that new member of your family. You can rest assured that you will soon have space for other goals in your life.
- Take time for yourself without your baby. Hire a sitter, leave your baby with a close friend or your spouse, and get out.

- Spend time with support groups and friends, and don't be afraid to share both your fears and your joys.
- Realize that adjustment to life as a new parent comes slowly. Have faith: millions of parents before you have managed to get their lives under control after the arrival of a new baby. You will manage quite well, too.

If you do have prolonged feelings of depression and are not able to satisfactorily communicate them to your spouse or friends, please let us know how you feel. We may be able to help or we can refer you for professional help. A few sessions with a counselor may chase those "baby blues."

ADDITIONAL RESOURCES

www.childdocs.com

Our practice website. This site provides further information about our practice, staff and providers, as well as seasonal information regarding your child's health.

www.healthychildren.org

The website of The American Academy of Pediatrics. There is a section devoted to parents. It contains information on a variety of childhood health topics, and has answers to many parenting questions.

www.kidshealth.org

From The Nemours Foundation in Wilmington, Delaware. This site contains numerous parental resources on children's health as well as links to other educational partners around the world.

www.la lecheleague.org

Breastfeeding support and information. The La Leche League International mission is: To help mothers worldwide to breastfeed through mother-to-mother support, encouragement, information and, education and to promote a better understanding of breastfeeding as an important element in the healthy development of the baby and mother.

BACK IS BEST FOR BABY'S SLEEP

Now I lay me down to sleep

On my back for safest keep.

It's tummy time when I'm awake,

But back is best for sleeping breaks

Keep quilts, toys, and pillows out of my bed.

Never put covers over or beneath my head.

Cigarettes are bad for me.

Please keep my environment smoke-free.

These may be many rules to know.

But minding them will help me grow!

Remember this rhyme when caring for kids,

And help reduce the risk of SIDS.

Provided by SIDS Alliance. For more information contact us at

(800) 221-7437, or www.sidsalliance.org