



**SuperiorHealthPlan.com**



Last but not least,  
congratulations! There  
is someone new in the  
world who thinks you  
are really special!

Superior HealthPlan is here for you  
every step of the way.



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This book is available in other languages. Please call us for more information.



 **Heading Home**  
You are likely to go home 1-2 days after vaginal delivery or 2-4 days following a c-section.


 **Check with Your Doctor**  
to find out when you can resume sexual and normal activities.



# Your Body After Delivery


It is important to see your doctor about 4-6 weeks after giving birth. This visit is called a postpartum visit and is important to make sure your body is healing after delivery. The table below includes some typical symptoms you may experience when recovering from delivery, and some suggestions about how to handle them.

*Your postpartum visit is very important to make sure your body is healing after delivery.*

 **Ask for Help**  
After delivery, ask for help with housework and heavy lifting. But make sure you don't spend too much time lying down. Gentle moving will help you heal more quickly. Walking reduces your risk of a blood clot in your legs.

 SYMPTOM	 WHAT TO EXPECT AND WHAT YOU CAN DO	 WHEN TO CALL THE DOCTOR?
<b>Feeling tired</b>	<ul style="list-style-type: none"><li>Try to nap, eat, and shower when your baby is napping.</li><li>Eat a healthy diet and drink plenty of fluids.</li><li>Keep taking your prenatal vitamins.</li><li>Ask family and friends for help.</li></ul>	<ul style="list-style-type: none"><li>You are so tired that you can't take care of yourself or your baby.</li><li>You have a temperature higher than 101.4.</li></ul>
<b>Cramps</b>	<ul style="list-style-type: none"><li>This is expected for seven days or longer. It may get more intense while nursing.</li><li>You can take a mild pain reliever like Ibuprofen or Naproxen.</li></ul>	<ul style="list-style-type: none"><li>Severe cramping that is not resolved with pain medication.</li></ul>
<b>Sore and swollen breasts (if not breastfeeding)</b>	<ul style="list-style-type: none"><li>Wear a firm bra that supports your breasts 24 hours a day.</li><li>Use cold packs for 1-5 days until your milk stops coming in.</li></ul>	<ul style="list-style-type: none"><li>You have a sore, red, painful breast with chills, fever, and flu-like symptoms. You may have an infection called mastitis.</li></ul>
<b>Sore bottom, painful piles (hemorrhoids)</b>	<ul style="list-style-type: none"><li>Use a cold pack for the first 48 hours.</li><li>Take a sitz bath (soaking your bottom in a small plastic tub with warm water).</li><li>Use cotton balls or pads soaked in witch hazel.*</li><li>Use a spray bottle to wash your bottom several times a day.</li><li>Use over-the-counter ointments and creams like hydrocortisone.*</li></ul>	<ul style="list-style-type: none"><li>You are having severe pain or are having a lot of trouble peeing or having a bowel movement.</li></ul>
<b>Bleeding and discharge from your vagina</b>	<ul style="list-style-type: none"><li>This is normal for the first few weeks after delivery.</li></ul>	<ul style="list-style-type: none"><li>You pass blood clots larger than a golf ball or have severe vaginal bleeding that gets heavier.</li></ul>
<b>Soreness, numbness, or itching around your cesarean incision</b>	<ul style="list-style-type: none"><li>This is expected and should improve with time.</li><li>You can use the pain relievers you received from your doctor.</li><li>Hold your belly when you sneeze or cough.</li><li>Use pillows for extra support while feeding your baby.</li></ul>	<ul style="list-style-type: none"><li>Your incision looks very red, is getting more painful, or is draining. This could be a sign of infection.</li></ul>

\* You may be able to get these items at no cost with a prescription from your doctor.

 “[The program is] above and beyond, ’cause I’ve never seen anything like this before.”

**SARAH O.**  
Health Plan Mom



“Very helpful. I had a lot of NEW emotions that the pregnancy program helped me with.”

KEISHA J.  
Health Plan Mom

70–80%  
OF NEW MOMS  
REPORT FEELING  
OVERWHELMED AFTER  
DELIVERING A BABY.

— BABYCENTER.COM

Complete the *After Delivery Wellness Survey* included in the front of this packet. Use the enclosed envelope to mail the survey back. We will contact you about the ways we can help you.

## Your Feelings As A New Mom

“Baby blues” are very common. Many women feel anxious, sad or down after their baby is born.

### YOU ARE NOT ALONE!

It is important to know that you are not alone. All new moms feel overwhelmed and incompetent at times. It is normal to feel this way! This is often called the “baby blues.” Baby blues are intensified by the drop of hormone levels from very high levels during pregnancy to very low after delivery. Lack of sleep and chronic fatigue can make this intense.

Baby blues are very common and usually temporary. If you are feeling down one day and better the next day, this is totally normal. Many women feel like they should be happy after having a baby. They are hard on themselves if they are not happy all the time. Give yourself a break. This is a challenging time. There is nothing wrong with feeling emotional during this time. Your body and your life are going through a lot of changes.

### SIGNS OF POSTPARTUM DEPRESSION

Sometimes feelings of sadness don’t go away on their own. If you feel sad or worried more often than not, you might have postpartum depression. Below are some common signs of postpartum depression.

- Thinking about harming yourself or others. **If you have these thoughts, call for help right away.**
- Feeling very sad, “down,” or depressed, like you are “emotionally drowning.”

- Trouble sleeping even when your baby is sleeping, or wanting to sleep all the time.
- Loss of energy, focus, or interest in things you once enjoyed.
- Not taking care of yourself or your baby.

### HOW TO GET HELP

Postpartum depression can be treated with great results. There is help!

- If you are thinking of harming yourself or others, call the national helpline at **1-800-273-TALK (8255)** for help right away.
- Many women find talking to a counselor can help. If you don’t feel comfortable talking to a counselor, talk to a friend, family member or another new mom.
- Talk to your doctor about possible medications you can take to help lift the feelings.
- Call us and see what we offer. Our phone number is on the inside cover of this book.



## Vaccines For New Moms & Baby Caregivers

Babies are more likely to get sick from germs in their first 6 months of life. It is very important for new moms and baby caregivers to stay up to date on vaccines to keep your baby protected.

### VACCINES NEW MOMS SHOULD GET

If you did not get vaccinated during your pregnancy, you will need the following:

- Flu — one vaccine per flu season.
- Tdap vaccine.

### ABOUT THE FLU VACCINE

Since your baby cannot get the flu vaccine until he or she is six months old, the only way to protect your baby from serious problems is for you and those around your baby to get the flu vaccine.

The vaccine is also safe for breastfeeding moms. You may pass on flu fighting antibodies to protect your baby.

Your baby’s immune system is not fully developed at first, so your baby is more prone to severe illness from the flu, which can lead to:

- Pneumonia (a serious lung infection).
- Dehydration (not drinking enough).
- In rare cases, flu complications can lead to death.

### ABOUT THE TDAP VACCINE & WHOOPING COUGH

You may have heard of pertussis or whooping cough. This disease is very contagious and can cause pneumonia and very serious breathing problems. Whooping cough can be deadly for infants. The Tdap vaccine protects against whooping cough, tetanus, and diphtheria. Since your baby cannot get the vaccine until 2 months old, it’s up to you to protect your baby. Anyone who will be around your baby should get the vaccine as well. Tdap is safe for breastfeeding moms.

### OTHER PEOPLE WHO MAY NEED VACCINES

Anyone who lives with or cares for your baby should get the flu and Tdap vaccines. This will help protect your baby from getting these diseases. Get your other children vaccinated. Talk to the baby’s dad, family members, and caregivers about getting these vaccines.

### ? Vaccines Are Not Just for Babies

Make sure everyone who will be taking care of your baby or around your baby gets the flu and Tdap shots.

INFANTS YOUNGER THAN 6 MONTHS ARE AT

HIGH RISK

OF SEVERE COMPLICATIONS FROM THE FLU, BUT THEY ARE TOO YOUNG TO BE VACCINATED.

— CENTERS FOR DISEASE CONTROL





“If I were to get pregnant again, this plan and this pregnancy program would be my first choice, just because of the simple fact that they had so much to offer, and they do send out stuff like that, helpful stuff.”

ANDREA J.  
Health Plan Mom

In the US, it is estimated that **50% OF PREGNANCIES ARE UNPLANNED.**

— The Shriver Report

# Birth Control & Family Planning

Now that you have had your baby, it is important to think about if or when you are going to have more children, and the birth control you will use. This is called a reproductive life plan. Developing a plan and using birth control is the best way to achieve your family planning goals. It is best for the health of your future baby and you to wait at least 18 months before getting pregnant again.

### CREATE A REPRODUCTIVE LIFE PLAN

Ask yourself these questions:

Would I like to have more children in the future?

How many children would I like to have?

How long do I want to wait before getting pregnant again?

What birth control method do I plan to use to avoid pregnancy until I’m ready?

How can I be sure I will be able to use this birth control method without problems?

ONCE YOU HAVE ANSWERED THESE QUESTIONS, YOU NEED TO ALSO ASK YOURSELF WHAT FACTORS YOU SHOULD CONSIDER BEFORE BECOMING PREGNANT AGAIN

Is my mental and physical health as good as I want it to be?

Can I stop smoking and/or using harmful drugs?

Do I have the financial resources to support another baby?

Have I finished school?

Do I have supportive relationships to help me if I have another baby?

Now that you have thought about taking control of your reproductive life, the rest of this section will talk about safe forms of birth control that work.



## Planning Ahead

There are many safe forms of birth control you can use to fit your reproductive life plan. Below is a guide to help you find the best option for you and your planning needs.

i	✓	?
NAME	EFFECTIVENESS	PRODUCT DETAILS
SHORT-TERM CONTRACEPTION		
If you may want to have children within the next few years		
Birth Control Shots (Depo-Provera)	94%	Provide hormones that prevent pregnancy. You need to get the shot every 3 months. Typically stops periods temporarily. Some women gain weight from the shot.
Vaginal Ring (NuvaRing®)	91%	A flexible, plastic ring you place into your vagina. It releases hormones that prevent pregnancy. You can put it in and remove it yourself. You will not feel it during sex. You need to replace it every 4 weeks.
Birth Control Pills	91%	Provide hormones that prevent pregnancy. Easy to use and very effective when taken correctly. You have to take them every day.
LONG ACTING REVERSIBLE CONTRACEPTION (LARC)		
If you know you don’t want to have children within the next few years		
Birth Control Implant (Nexplanon®)	99.95%	Small rod is placed under the skin of your upper arm and releases hormones that prevent pregnancy. Works for 3 years and is easily removed after 3 years. You return to your regular cycle after it is removed. There is a potential for irregular bleeding, headaches, or acne.
IUD	99.20%	T-shaped plastic device that is slid into your womb to prevent pregnancy. Good choice if you do not want to have children for several years. Sometimes this can be inserted in the hospital right after delivery. Mirena®, Skyla®, and Liletta® make your periods lighter. Paragard® has no hormones but can make your periods heavier.
PERMANENT CONTRACEPTION		
If you know you don’t want more children and want permanent birth control		
Partner Vasectomy	99.85%	The tubes that carry sperm out of your partner’s testicles are cut. Great option if you only have one partner. This can be done under local anesthesia.
Tube Tying - Tubal Ligation*	99.50%	The tubes that carry the eggs to the womb are blocked. This procedure can sometimes be performed right after your baby is born. If you want to get your tubes tied, talk to your doctor before you deliver. In some cases, a consent form has to be signed at least 30 days before the procedure.
CONDOMS		

Condoms act as a barrier to stop the spread of STIs like HIV. Because they are only 82% effective in preventing pregnancy, **condoms need to be used with another form of birth control.**



### **Benefits of Breastmilk for Baby**

- Protection from Gastrointestinal infections (vomiting and diarrhea).
- Decreased risk of ear infections, colds, and wheezing.
- Lower chance of developing obesity, some cancers, diabetes, and other diseases.

### **Benefits of Breastfeeding for Mom**

- Helps you recover from childbirth.
- Burns calories.
- Decreases your risk of some cancers, osteoporosis, heart disease, and diabetes.
- Decreases the risk of post partum depression.

## Tips For Breastfeeding Moms

Choosing to breastfeed is one of the best gifts you can give your baby. In addition to being the best nutrition for your baby, it has some great benefits for you too. Here are some tips to help you have a successful breastfeeding experience.

### **TAKE CARE OF YOURSELF**

When you breastfeed, it is especially important to get plenty of rest, drink lots of fluids, and eat a well balanced diet. Nursing takes some practice but it is worth it. The longer you breastfeed the greater the health benefits for you and your baby.

### **THREE STEPS TO A GOOD LATCH**

A good latch and positioning are important during breastfeeding. They also help prevent sore nipples and ensure your baby is getting your milk.

**1** Support the breast when needed. Support with your thumb on top and four fingers underneath, making sure that all fingers are behind the areola (the darker skin around the nipple).

**2** Make sure baby's mouth is wide open. You can tickle the baby's lip with your nipple to help get the baby's mouth open wide.

**3** Pull your baby in close and keep him or her close. He or she will take a large mouthful of the breast and be pulled in so that both his or her chin and the tip of the nose are close to or touching the breast. Don't worry. Your baby will not suffocate! Babies are able to breathe while breastfeeding.

### **STAYING COMFORTABLE WHEN NURSING**

Some moms find that the following positions are helpful. It is important to get comfortable and support your baby in finding a good latch. You also can use pillows under your arms, elbows, neck, or back to give you added comfort and support. Keep in mind that what works well for one feeding may not work well for the next. Keep trying different positions until you are comfortable.



#### **Cradle Hold**

This is an easy, common hold that is comfortable for most mothers and babies. Hold your baby with

his or her head on your forearm. His or her whole body should be facing yours.

#### **Cross Cradle or Transitional Hold**

This hold is useful for premature babies or babies with a weak suck. It gives extra head support. It may help babies stay latched. Hold your baby along the opposite arm from the breast you are using. Support your baby's head with the palm of your hand at the base of his or her neck.



#### **Clutch or "Football" Hold**

This is useful for mothers who had a c-section. It works

for others with large breasts, flat or inverted nipples, or a strong letdown reflex. It is also helpful for babies who prefer to be more upright. This hold allows you to better see and control your baby's head.

It will keep the baby away from a c-section incision. Hold your baby at your side, lying on his or her back. His or her head should be at the level of your nipple. Support your baby's head with the palm of your hand at the base of the head (the baby is placed almost under the arm).



#### **Side-lying Position**

This position is useful for mothers who had a c-section. It can help you get extra rest while the baby breastfeeds. Lie on your side with your baby facing you. Pull your baby close to you. Your baby will be facing your body.

*Reference: Office of Women's Health, U.S. Department of Health and Human Services. (2012). Learning to Breastfeed. Retrieved from <http://www.womenshealth.gov/breastfeeding/learning-to-breastfeed.html>*

### **SIGNS OF A GOOD LATCH**

- The latch feels comfortable to you, without hurting or pinching.
- Your baby's chest is against your body and he or she does not have to turn his or her head while drinking.

- You see little or no areola, depending on the size of your areola and the size of your baby's mouth. If areola is showing, you will see more above your baby's lip and less below.
- You hear or see your baby swallow. Some babies swallow so quietly, a pause in their breathing may be the only sign of swallowing.
- You see the baby's ears wiggle slightly.
- Your baby's lips turn out like fish lips, not in. You may not be able to see the bottom lip.
- Your baby's chin touches your breast.

### **WHAT IS A LACTATION CONSULTANT?**

A lactation consultant is a specialist trained to help moms with breastfeeding. The International Lactation Consultant Association can help you find a specialist in your area!

Visit [www.ilca.org/why-ibclc/falc](http://www.ilca.org/why-ibclc/falc).

### **Breastfeeding Help**

If you can't tell if the lower lip is out or if you feel the baby's gums chomping on your nipple, press on the lower chin to gently nudge the mouth open and lower lip out.




"Working with a lactation consultant was so helpful. I was able to learn how to breastfeed quickly and have my questions answered right away."

**MARIA R.**  
Health Plan Mom








 **Breastfeeding Help**  
If you are having trouble with breastfeeding or your breasts, here are some ways you can reach out for breastfeeding support.

- Call a hospital lactation consultant or your OB.
- Call us to speak to a nurse.
- Call the The National Breastfeeding Helpline: **1-800-994-9662**.
- Find a local La Leche League support group at [www.llli.org/](http://www.llli.org/). Or call **1-800-Laleche (1-800-525-3243)**. Group meetings are a great way to meet other breastfeeding moms. You can also get help and support.
- The U.S. Department of Health *Your Guide to Breastfeeding* book. [www.womenshealth.gov/publications/our-publications/breastfeeding-guide/](http://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/).

*If you need a breast pump, call us after you deliver. We can help you get one.*

# How to Take Care of Sore Breasts When Breastfeeding

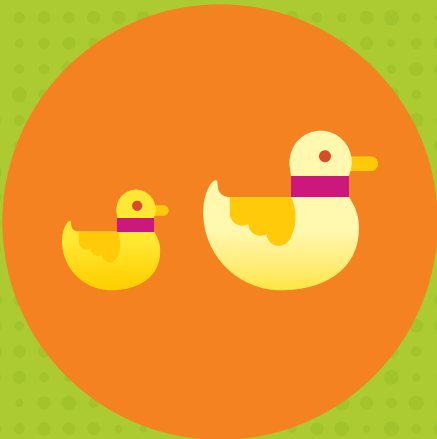
Here are some typical symptoms you may experience when beginning to breastfeed and some suggestions about how to handle them. Keep in mind these symptoms are usually temporary.

 SYMPTOM	 HOW CAN I PREVENT THIS?	 WHAT CAN I DO?
<b>Sore, dry, or cracked nipples</b>	<ul style="list-style-type: none"><li>• Make sure your baby latches on and gets enough breast tissue in his or her mouth. This will create a tight seal.</li><li>• Let your baby suck for as long as the sucking is strong. If the baby starts to doze or just nibble, stop the feed. Put your finger in your baby's mouth alongside your nipple to get your baby to let go. Don't just pull your baby off.</li><li>• Rinse your nipples with water after nursing. Don't use soap. Leave your bra off or open so your nipples can air dry for a short time.</li></ul>	<ul style="list-style-type: none"><li>• Apply cream with lanolin in it to the nipple after nursing. Only use creams or medicines your doctor tells you to use.</li></ul>
<b>Full, sore breasts</b>	<ul style="list-style-type: none"><li>• Nurse or pump every 2-4 hours.</li><li>• Make sure your baby nurses on each breast each time he or she feeds.</li><li>• Take a hot shower or put on a heating pad before feeding to help you release your milk.</li><li>• Wear a supportive bra. Make sure it's not too tight.</li></ul>	<ul style="list-style-type: none"><li>• Take mild pain medicine like acetaminophen (Tylenol).</li><li>• Place cold packs or a package of frozen peas on your breasts between feedings.</li></ul>

## SECTION TWO

Taking care of your little one can feel scary. But you are not alone. We are here to help you keep your baby safe.

The following pages are filled with ways to help you take great care of your new baby.





**! Safe Sleeping**

Safe sleep is important for your baby's health. It can help protect your baby from *sudden infant death syndrome (SIDS)*. SIDS is also known as crib death.

Risk factors for SIDS include:

- Smoking during pregnancy.
- Being premature.
- Sleeping position of the baby. Your baby should always sleep on his or her back unless your doctor tells you otherwise.
- Being around secondhand smoke.

**Remember**

Call your baby's doctor to schedule their well-child visit and your doctor to schedule your postpartum visit.

## Your First Few Weeks At Home

Now that you have a new baby at home, you want to do everything you can to keep your baby healthy and safe. This is especially important the first six weeks of your baby's life.

### WHEN SHOULD YOUR BABY AND YOU FIRST SEE THE DOCTOR?

It is very important your baby sees his or her doctor 3-5 days after birth and again before turning one month old. If your baby has not yet seen the doctor since coming home from the hospital, make that appointment ASAP. Remember to take care of yourself also. Set up an appointment for your baby's well-child visit and your postpartum visit.

### WHAT SHOULD YOU DO ABOUT VISITORS?

You are going to be exhausted when you first come home from the hospital. Try to hold off on having visitors in the beginning, if you can. It is okay to limit visitors or set a schedule. If you do allow visitors, make sure they wash their hands before they hold the baby. If anyone is not feeling well, ask them to come another time. Babies' immune systems are not fully developed so they get sick easily, which can be dangerous. Ask anyone who will be around your baby to get Tdap and flu vaccinations.

### HOW OFTEN SHOULD YOU FEED YOUR BABY?

Babies normally feed 8-12 times per day and average 1.5-3 oz per feeding for the first week or two. Feed your baby any time he or she seems hungry. Babies may smack their lips, stick out their tongue, move their head side to side, or put their hands in their mouth as a sign that they are getting hungry. If you wait until they are crying, it is often harder to calm them down for the feeding.

### HOW DO YOU KNOW YOUR BABY IS EATING ENOUGH?

Weight gain is the number one way to tell if your baby is getting enough to eat. Your baby's doctor will check their weight at every visit. It is normal for babies to lose a bit of weight at first. They will catch up within a couple of weeks. Watch your baby's diaper changes. You should be seeing at least 6 wet diapers and 3-4 poopy diapers per day.

### HOW CAN YOU MAKE SURE YOUR BABY IS SAFE WHEN SLEEPING?

You should always put your baby on his or her back to sleep (unless the doctor tells you not to) in a crib or bassinet. You and your baby should never sleep in the same bed. Never place your baby on sofas, waterbeds, or other soft surfaces. Do not use soft bedding, pillows, bumper pads, or stuffed toys in your baby's sleep area. Sheets should fit tightly and only use light blankets tucked around the mattress no higher than the baby's chest.

### WHEN CAN YOU GIVE YOUR BABY A BATH?

Babies should only receive sponge baths until their umbilical cord has fallen off.



## Feeding Your Baby

It's important to start your baby off right on the road to good nutrition. The American Academy of Pediatrics recommends babies should have only breast milk or formula during the first six months of life. Once your baby starts eating solids, continue breast milk or formula until at least 1 year of age.

### FOLLOW YOUR BABY'S LEAD

Even immediately after birth, babies are good at letting you know if they are getting enough to eat. They will root (move their head when their cheek is stroked), smack their lips, cry, or put their hands in their mouth when they are hungry. Feeding your baby based on these cues is called feeding "on demand".

### Feeding Time

Each feeding should take about 10-20 minutes. Both breast fed and bottle fed babies will need to have feedings throughout the day and night (every 2-4 hours) for at least the first month or two. You may notice some "growth spurts" when your baby will be hungrier and eat more often. Follow your baby's lead. They typically know how much food they need.

### Avoid Overfeeding

Overfeeding can cause your baby to spit up and may lead to obesity. Bottle fed babies should not take more than 7-8 ounces at once or more than 32-36 ounces in a day.

### All Babies Are Different

Regular well-child visits will allow you to talk to your baby's doctor about your baby's growth and feedings.



### WHEN IS YOUR CHILD READY FOR BABY FOOD?

- They are at least 4-6 months of age and 13 pounds.
- They can sit upright and hold their head up.
- They swallow food instead of push it out with their tongue.

### WHAT FOODS SHOULD YOU START WITH?

Just make sure to start with one food at a time and try it for a few days before adding anything else. This gives you the chance to see if your baby has any problems like gas, diarrhea, vomiting, or a rash. You can use commercial baby food or make it yourself. Don't give your baby any food that could cause choking. Talk to your baby's doctor about what they recommend.

### WIC (WOMEN, INFANTS, AND CHILDREN)

WIC is a special nutrition program for low income women, infants, and children. WIC can provide you with free and healthy foods, nutrition education, and screening/referrals to other health services. WIC mothers that choose to breastfeed receive an enhanced food package and are able to participate in WIC longer. Talk to your doctor, local health department, or health plan to learn more about WIC.

“Breastfeeding provides the nutrients your baby needs and has benefits for your health as well.”

**DR. AMY POOLE-YAEGER**  
Pediatrician

### Using Formula

If you use powder formula, ONLY mix it as directed. Diluting the formula with extra water can cause serious problems for your baby.



**! NEVER SHAKE A BABY!**  
Shaking a baby can cause brain damage and even death.

**\* Dads Are Important Too**  
Don't forget to share this book and information about caring for a baby with the baby's dad. They play an important role in your baby's life too.

**Ask for Help**  
Taking care of a baby is hard work. Make sure you ask for help and share this booklet with your baby's caregivers.

# Caring For Your Baby

Holding your baby for the first time is a very special feeling. Even though you have been carrying your baby for 9 months, it will take time for you and your baby to get to know each other. In the coming weeks and months, you will learn what your baby needs to be happy, healthy, and safe.

## WHAT TO DO WHEN YOUR BABY CRIES

It is normal for new babies to cry. The good news is it gets better with time. First, take care of your baby's basic needs — make sure the baby is fed and has a clean diaper. If you have done these things and your baby is still crying, try the suggestions listed below. Share these ideas with the baby's father and caregivers.

## WAYS TO COMFORT A CRYING BABY

- Hold the baby (you can't spoil them by holding them too much).
- Quietly talk or sing to the baby, play some music, or turn on a sound machine.
- Gently rock or walk around with the baby.
- Sucking helps calm babies so try a pacifier (it is fine to use for breastfed babies once breastfeeding has been established).
- Wrap the baby snugly in a blanket with their arms inside (called swaddling).

## NEVER SHAKE A CRYING BABY

If you or your baby's caregiver are getting frustrated, calmly put the baby down in a safe place such as a crib. Call family and friends and say you need help. Go for a walk, read a magazine, or watch TV until you feel ready.

## HOW TO GIVE YOUR BABY A BATH AFTER THE UMBILICAL CORD HAS FALLEN OFF

As long as you clean the diaper area well, you shouldn't need to bathe your baby more than 3 times per week. Bathing too often can dry out the skin. Be sure to follow these safety rules during bath time.

- Be prepared — gather all the supplies you need for bathing before you start.
- Warm basin of water.
- Mild baby soap/shampoo.
- Cup for rinsing.
- Washcloths and towels.
- Diaper and change of clothes for after the bath.
- Never take your eyes off your baby or leave them alone in the bath.
- Wash the baby's face first (no soap needed), then the body, and last the diaper area.



## WHAT TO DO ABOUT TEETHING

It is very important to start good oral care early. Once you see your baby's first tooth, you should clean it with a soft toothbrush and a tiny bit (rice grain size) of fluoride toothpaste twice per day. Most babies start getting teeth by 6 months of age. It is important you don't put your baby to sleep with a bottle. It can cause serious tooth decay called "bottle caries."



## Signs of Teething

- Drooling.
- Fussiness.
- Biting hard on things.
- Swollen and tender gums.

## What helps?

- Rubbing your baby's gums gently with a clean finger.
- Pacifiers or firm rubber teethingers. (Some babies like them cold, but don't freeze them or they get too hard and can hurt your baby's gums.)
- Medications that you rub on gums don't usually work and can cause harm if the baby swallows too much.
- Talk to your baby's doctor if nothing is working. Teething may not be the cause of the symptoms.

## HOW TO KEEP YOUR BABY SAFE

### Sun safety

Direct sunlight is not safe for your baby in any amount. For the first 6 months, avoid sun exposure as much as possible and only use sunscreen on small areas like the face or hands.

## Car safety

Your child must ride in a car safety seat every time he or she rides in a car. The seat should be rear facing and in the backseat. You should never leave your baby alone in a car — even for a minute.

## Home safety

- Never leave your baby alone on a changing table, bed, sofa, or chair. Keep one hand on the baby at all times. Even newborns can move suddenly and fall. When you aren't able to hold your baby, put him or her in a safe place like a crib or playpen.
- To keep your baby from choking, keep small objects like coins, small balls, and toys with small parts out of your baby's reach. Safe baby toys have smooth edges and no small parts that can come off.
- Never leave the baby alone with younger children or pets. They may not understand what is going on with the new baby.
- Keep the baby away from secondhand smoke. Never smoke in your home or car. Ask smokers to change into fresh, clean clothes before holding the baby.

## LEAD POISONING

Lead exposure can lead to learning and behavior problems. Young children are most at risk. The biggest source of lead exposure is from paint in homes built before 1978. The only way to tell if your child has lead poisoning is a blood test. Make sure your child is tested or evaluated for lead exposure — usually at ages 1 and 2.


**“The program put my mind at ease ... That they provide a great service for women and families, with a smile.”**

**CHERYL T.**

Health Plan Mom

**! Secondhand Smoke**  
Secondhand smoke is dangerous, especially for babies. Babies exposed are at higher risk for serious illness, SIDS, and are more likely to get coughs, pneumonia, ear infections, sore throats, and worsened asthma.



 **Vaccines Are Safe!**  
All studies conducted by the American Academy of Pediatrics (AAP) and World Health Organization (WHO) have shown there is **no connection** with vaccinations and certain diseases such as autism. Vaccinations are a safe way to protect your baby from serious illness.

# Your Baby’s Vaccinations & Well-Child Visits

Your baby should be seen often during their first year for well-child care. These visits are different than “sick visits,” which address a specific problem with your baby like a fever or cough.

**PICKING A DOCTOR FOR YOUR BABY**  
If your baby has not seen the doctor since coming home from the hospital, please make the appointment right away. If you need help finding a doctor, give us a call. Our number is on the inside cover of this book.

**WHAT TO EXPECT**  
At each of these wellness visits, your baby will be weighed and measured to make sure they are growing at a healthy, steady rate. A physical exam will be done, and the baby may receive immunizations or screening tests.  
  
You will discuss things like feeding, nutrition, sleeping, newborn care, safety, development, and family issues.

**WHY YOUR BABY NEEDS VACCINES**  
Vaccines protect children from diseases. Kids who don’t get vaccines have a greater chance of getting these diseases. They can also spread the disease to others.

**WHEN VACCINES HAPPEN**  
Most newborns get their first vaccine at birth, before leaving the hospital. The rest of the vaccines are usually given at well-child visits. Kids get most of their vaccines during the first 2 years of life. That’s because the diseases these vaccines prevent are very harmful to young children.

Recommended Immunizations for Children from Birth Through 6 Years Old

BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS	
HEP B	HepB			HepB							
		RV	RV	RV							
		DTaP	DTaP	DTaP		DTaP				DTaP	
		Hib	Hib	Hib	Hib						
		PCV	PCV	PCV	PCV						
		IPV	IPV	IPV						IPV	
				Influenza (Yearly)*							
					MMR					MMR	
					Varicella					Varicella	
					HepA**						

\* Two doses given at least four weeks apart are recommended for children 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.  
\*\* Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high risk should be vaccinated against HepA.

## Learn More About Diseases Vaccines Protect Against

 DISEASE	 VACCINE	 SYMPTOMS	 COMPLICATIONS
<i>Chickenpox</i>	Varicella vaccine	Rash, tiredness, headache, fever.	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs).
<i>Diphtheria</i>	DTaP* vaccine	Sore throat, mild fever, weakness, swollen glands in neck.	Swelling of heart muscle, heart failure, coma, paralysis, death.
<i>Flu</i>	Flu vaccine	Fever, muscle pain, sore throat, cough, extreme fatigue.	Pneumonia.
<i>Hib (Haemophilus influenzae type b)</i>	Hib vaccine	May be no symptoms unless bacteria enter the blood.	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening condition that can block the windpipe and lead to serious breathing problems), pneumonia, death.
<i>Hepatitis A</i>	HepA vaccine	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of the skin and eyes), dark urine.	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders.
<i>Hepatitis B</i>	HepB vaccine	May be no symptoms, fever, headache, weakness, vomiting, jaundice, joint pain.	Chronic liver infection, liver failure, liver cancer.
<i>Measles</i>	MMR** vaccine	Rash, fever, cough, runny nose, pinkeye (conjunctivitis).	Encephalitis, pneumonia, death.
<i>Mumps</i>	MMR** vaccine	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain.	Meningitis, encephalitis, inflammation of testicles or ovaries, deafness.
<i>Pertussis (whooping cough)</i>	DTaP* vaccine	Severe cough, runny nose, apnea (a pause in breathing in infants).	Pneumonia, death.
<i>Pneumococcal</i>	PCV vaccine	May be no symptoms, pneumonia.	Bacteremia (blood infection), meningitis, death.
<i>Polio</i>	IPV vaccine	May be no symptoms, sore throat, fever, nausea, headache.	Paralysis, death.
<i>Rotavirus</i>	RV vaccine	Diarrhea, fever, vomiting.	Severe diarrhea, dehydration.
<i>Rubella</i>	MMR** vaccine	Rash, fever, swollen lymph nodes.	Very serious in pregnant women - can lead to miscarriage, stillbirth, premature delivery, birth defects.
<i>Tetanus</i>	DTaP* vaccine	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever.	Broken bones, difficulty breathing, death.

\* DTaP combines protection against diphtheria, tetanus and pertussis.  
\*\* MMR combines protection against measles, mumps and rubella.  
Source: Centers for Disease Control and Prevention



# Well-Child Visit Tracker

Below is the recommended well-child visit schedule for the first 15 months of life. These visits are the best way to make sure your baby stays healthy. Fill out this information at each of your baby’s doctor visits to track your baby's growth.

3-5 DAYS AFTER BIRTH

Date	Weight	Length	What did the doctor tell me?

BY 1 MONTH

Date	Weight	Length	What did the doctor tell me?

2 MONTHS

Date	Weight	Length	What did the doctor tell me?

4 MONTHS

Date	Weight	Length	What did the doctor tell me?

6 MONTHS

Date	Weight	Length	What did the doctor tell me?

9 MONTHS

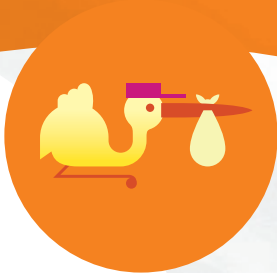
Date	Weight	Length	What did the doctor tell me?

12 MONTHS

Date	Weight	Length	What did the doctor tell me?

15 MONTHS

Date	Weight	Length	What did the doctor tell me?



“I felt like royalty. I have never had Medicaid before, and I was expecting poor benefits, but you provided above and beyond and gave me so much attention.”

JANET R.  
Health Plan Mom



#### 24-Hour Nurse Advice Line

Call the number on the back of your health plan ID card if you have questions when your doctor's office is closed or you are not sure if you should go to the emergency room.



#### Sick Newborns

Babies less than one month of age can get sick very quickly. If you have any concerns that your newborn looks sick, has a fever, is feeding poorly, or is sleeping too much, call your doctor ASAP. These could be signs of something more serious when the baby is very young.



#### Taking Your Baby's Temperature

If your baby is **younger than three months old**, you will need to take a rectal temperature with a digital thermometer. If your baby is **older than three months old**, you can take an underarm temperature.

## What To Do If Your Baby Is Sick

It is hard to know if your baby is sick or hurt since they cannot speak to tell you. This can be scary. If you ever have a question about what to do, call your doctor or our 24-Hour Nurse Advice Line.

#### WHEN TO CALL YOUR DOCTOR OR SEEK MEDICAL ATTENTION

- Poor feeding. Babies should wake up every 2-4 hours and demand to be fed. They should feed regularly and vigorously.
- Your baby is limp or floppy.
- Decreased urine output. Ideally babies should urinate 6-10 times per day.
- Body jerks or seizures.
- Difficulty breathing.
- Bluish skin or lips.
- The baby seems hard to wake up or doesn't respond.
- Bleeding that won't stop.
- Exposure to poison.
- Maternal instinct. If you think something is wrong with your baby, seek medical attention. Don't be afraid to ask for help.

#### WHAT TO DO ABOUT A FEVER

A fever is a worrisome sign for parents. What many don't know is that a fever by itself is rarely dangerous.

#### You should call the doctor or our 24-Hour Nurse Advice Line for:

- Fever over 100.4 degrees in a child less than 3 months of age.
- High fever (higher than 103 degrees).
- Any fever in a child that doesn't look well or won't eat or drink.
- Fever and rash.
- Fever for more than 2-3 days.
- Fever that begins several days after a cold has started.



#### THE COMMON COLD

Babies are especially susceptible to the common cold. Symptoms include nasal congestion and runny nose and usually resolve on their own. Some babies can develop more serious complications like pneumonia, croup, and bronchiolitis.

Treatment includes making sure the baby gets plenty of fluids. Babies may have trouble eating with a stuffy nose. Suctioning the baby's nose with a bulb syringe and thinning the mucus with saline drops can help.

#### You should call the doctor or our 24-Hour Nurse Advice Line for:

- Cold symptoms in a baby less than 3 months of age.
- Coughing/wheezing/trouble breathing.
- Cold symptoms with vomiting, diarrhea, or poor feeding.
- Any other symptoms that concern you.

#### VOMITING AND DIARRHEA

Vomiting and diarrhea can be caused by many things, but are usually due to a stomach virus. Most times, vomiting only lasts 24-48 hours, but it may take 1-2 weeks for the diarrhea to stop and stools to become normal. Most experts agree that you should try to continue to feed your baby normally despite vomiting and diarrhea. It might help to give small amounts of formula or breast milk more frequently at first. The biggest concern with vomiting and diarrhea is dehydration. Some signs of dehydration are:

- Decreased tears.
- Dry mouth.
- Decreased urine output.

#### You should call the doctor or our 24-Hour Nurse Advice Line for:

- Vomiting more than 24 hours or many times in a row.
- Blood in the vomit or a greenish-yellow color to it (bile).
- Swollen abdomen or severe pain.
- Crying with no tears or no urine in more than 8-10 hours.
- If your baby is motionless or very irritable.
- Any other concerns that your baby may be dehydrated.

#### PREVENTION

To keep your baby healthy, take these steps to prevent the spread of infection.

- Keep your baby away from others who are sick.
- Wash your hands often. Especially before holding or feeding the baby.
- Cover your mouth and nose with a tissue when you cough or sneeze.
- Frequently clean countertops, doorknobs, toys, and other frequently touched areas in your house.



"The program helped me with many things that were new to me, like how to bathe my baby. I was very thankful to have this extra support."

EMILY P.  
Health Plan Mom



#### What is an Urgent Care Center?

An urgent care center is an independent medical care center. The centers help diagnose and treat illnesses and injuries that are not life threatening but can't wait until the next day. These centers:

- Can run tests.
- Can prescribe medications.
- Typically offer longer office hours than primary care doctors and shorter wait times than the Emergency Room.



**! Missing Milestones**  
You know your child best. If you think your child is not meeting the milestones for his or her age, or if you, your family, your child’s teacher or another care provider ever becomes concerned about how your child plays, learns, speaks, acts or moves, talk with your child’s doctor and share your concerns. Don’t wait! Acting early can make a big difference.

**\* For More Information**  
About what to do if you ever have a concern, visit [www.cdc.gov/Concerned](http://www.cdc.gov/Concerned).

# Developmental Milestones In Baby’s First Year

From birth to 5 years, your child should reach milestones in how he or she plays, learns, speaks, acts, and moves. These milestones offer important clues about your baby’s development. Below are just a few of many important milestones to look for in your baby’s first year. Check off a milestone as your baby reaches it! Don’t forget this list is a guide and not set in stone — every baby learns and grows at a different pace; they are not identical.

## 2 MONTHS

- Begins to smile at people.
- Turns head toward sounds.
- Pays attention to faces.
- Can hold head up and begins to push up when lying on tummy.

## 4 MONTHS

- Likes to play with people and might cry when playing stops.
- Babbles with expression and copies sounds heard.
- Uses hands and eyes together, such as seeing a toy and reaching for it.
- Can hold a toy and shake it and swing at dangling toys.

## 6 MONTHS

- Responds to own name.
- Likes to play with others, especially parents.
- Strings vowels together when babbling (“ah,” “eh,” “oh”) and likes taking turns with parent while making sounds.
- Shows curiosity about things and tries to get things that are out of reach.
- Rolls over in both directions (front to back, back to front).

## 9 MONTHS

- May be clingy with familiar adults.
- Copies sounds and gestures of others.
- Looks for things he or she sees you hide.
- Sits without support.

## 12 MONTHS

- Uses simple gestures such as shaking head for “no” or waving “bye bye.”
- Repeats sounds or actions to get attention.
- Says “mama” and “dada” and exclamations like “uh-oh!”
- Follows simple directions like “pick up the toy.”
- Pulls up to stand, walks holding onto furniture (“cruising”).

For more complete checklists by age (2 months through 5 years), visit [www.cdc.gov/Milestones](http://www.cdc.gov/Milestones).

*Adapted with permission from the Centers for Disease Control and Prevention’s “Learn the Signs. Act Early.” program.*

# Glossary

There are several words that doctors and nurses use to talk about recovering from childbirth. Knowing what these words mean will help you understand what is happening to your body.

**Anxiety:** An uneasy or troubled feeling.

**Areola:** The colored circle of skin around the nipple.

**Bowel Movement:** The elimination of waste through the anus.

**Contraceptive:** Something that is used to prevent pregnancy.

**Croup:** Inflammation of the larynx and trachea in children, associated with infection and causing breathing difficulties.

**DTaP Vaccine/Tdap Vaccine:** This vaccine protects against these three diseases caused by bacteria: tetanus, diphtheria and pertussis (whooping cough). DTaP is for children younger than age 7 and Tdap is for adults.

**Express Milk:** A technique used for breastfeeding women to remove milk from the breasts, especially if they are overfull.

**Hemorrhoid:** A swollen vein on or near the anus. Hemorrhoids are also known as piles.

**Human Immunodeficiency Virus (HIV):** A virus that attacks the body's immune system. HIV can lead to AIDS (Acquired Immunodeficiency Syndrome), a chronic life threatening condition.

**Immunization/Vaccine:** A shot or other medicine used to prevent diseases.

**Jaundice:** When a chemical called bilirubin builds up in a baby’s blood. It causes the skin to turn yellowish.

**Lactation:** When the body makes breast milk after pregnancy so mothers can breastfeed their babies.

**Lanolin:** A waxy ointment that can be used to protect skin and to treat sore nipples.

**Letdown Reflex:** An involuntary reflex during the period of time when a woman is breastfeeding that causes the milk to flow freely.

**Mastitis:** An infection of the breast that can happen when the milk duct gets clogged. It is usually associated with redness of the breast and fever.

**Milestones:** Behavior and physical skills babies and children have as they grow. Sitting up, crawling, and walking are examples of milestones.

**Nursing:** The method of feeding the baby with milk from the mother’s breast.

**Ovulate:** To produce or discharge eggs from an ovary.

**Pneumonia:** A lung inflammation caused by a bacterial or viral infection.

**Postpartum:** The period of time following childbirth.

**Postpartum Depression:** Feelings of sadness or hopelessness after giving birth.

**Progesterone:** A hormone that prepares and maintains the uterus for pregnancy.

**Reproductive Life Plan:** A plan regarding when or if you want to have more children. The plan should include how you will stick to your decision and what methods you will use for birth control.

**Rooting:** A baby’s instinctive search for food that helps you recognize when your baby is hungry.

**Respiratory Syncytial Virus (RSV):** Causes infections of the lungs and breathing passages and is a major cause of respiratory illness in young children.

**Sperm:** A male reproductive cell.

**Sexually Transmitted Infections (STIs):** Infections that spread from person to person through sexual contact. STIs do not always cause symptoms and may go unnoticed. STIs can be harmful to you and your baby if you are infected while pregnant. Most STIs are curable with medicine.

**Sudden infant death syndrome (SIDS):** The unexplained death, usually during sleep, of a seemingly healthy baby less than a year old. SIDS is sometimes known as crib death because the infants often die in their cribs.

**Testicles:** The male reproductive glands that produce sperm and testosterone.

**Umbilical Cord:** The cord that transfers nourishment to the baby from mom and removes waste from the baby during pregnancy. This cord is cut at birth, creating the “belly button.”



[illegible]