

# New Parent Guide

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NORTHWEST HOSPITAL  
CHILDBIRTH CENTER

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



## A Special Message to New Parents

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The birth of your baby brings many changes to your life. Literally overnight there is a new person to consider in all you do, now and in the future.

While change is certainly exciting, it can sometimes create frustration and stress. The good news is that as a new parent, you're not alone. None of us is born knowing how to be a mother or father. Parenting requires on-the-job training, support, and good information.

This guide is designed to help you learn some of the basics you'll need in order to take care of your baby. Use this guide in conjunction with the classes offered at Northwest Hospital, expert advice from our nurses and health care providers, and the excellent publications and websites listed in our resource section.

Sleep deprivation is a predictable part of parenting an infant. In their first several days of life, babies typically are sleepy. After that, they generally become more wakeful, especially during the night. That means you'll have to be awake when you would prefer to be sleeping. It's possible that during this time you'll feel overwhelmed, disorganized, isolated, and even resentful. Such feelings are normal at this stage. Keep in mind that this stage will end. The feelings will pass.

When your baby smiles and snuggles with you, enjoy those moments. This behavior can make the difficulties worthwhile. Many new parents look forward to these snuggles and smiles and begin to relax and feel good when their baby gives them such positive reinforcement.

Don't hesitate to get some help during the early weeks with baby. This is a time when you're developing your new parenting skills and gaining confidence in them. Seek out family and friends who will support and help you.



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Recognize that your lifestyle will change as you try to balance the needs of your baby, yourself, and others. It is easy for parents to get caught up in caring for children, so schedule a part of each day as your own personal time. Your needs may be as simple as enjoying a leisurely bath, taking a walk, talking to a friend, or reading the newspaper. Those needs are real and should be attended to. We can only give the best to others when we are giving the best to ourselves.

Baby's primary care provider is also a good source of support and information. Talk to him or her about questions or concerns you might have, especially during baby's first few weeks at home.

Finally, trust your instincts and your ability to parent your baby. One day, you'll look back and recall that this time was actually very brief. Enjoy it to the fullest!

*Best wishes for health and happiness,  
Northwest Hospital Childbirth Center.*

## 2: Baby Behavior

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Each baby has a unique personality and can be stimulated to react in consistent ways. The following are some activities to help you get to know your baby. The first step is learning to recognize your baby's readiness to interact. Your baby will respond best when in the "quiet" or "active alert" states.

### Levels of Responsiveness

1. In DEEP SLEEP, a baby is very difficult to arouse. Breathing is smooth and regular, and the baby will lie nearly still, except for an occasional twitch or startle. One-third of baby's sleep time is spent in deep sleep.
2. During LIGHT SLEEP, babies are more responsive than in deep sleep, and may smile or make brief fussy sounds.
3. When DROWSY, a baby may open or close her eyes, breathe irregularly, and move around. From this state your baby may return to sleep or awaken further. Baby may begin to show interest in feeding.
4. During the QUIET ALERT state baby's eyes will be wide open with a bright, interested look. This is the best state for interaction, when babies will share their personality with you.
5. In the ACTIVE ALERT state movement increases and baby is more sensitive to stimuli.
6. The last state, CRYING, is baby's way of saying, "I've had enough." Baby is tired, hungry, uncomfortable, or over-stimulated and is temporarily out of control.

### Seeing and Hearing

Your newborn can both see and focus. Babies are very fond of watching things, especially human faces. Showing your face—while also using your voice—increases your chances of holding baby's attention. Babies can see you the clearest when you hold them cradled in your arms. To encourage equal eye muscle development, be sure to hold your newborn in your right and left arms for about the same amount of time, rather than favoring only one arm.

Many parents are surprised at how well their baby hears. For the past several months, baby has been listening to you from within the womb, and already knows your voice and family members' voices.

### Cuddliness

Cuddliness is very rewarding for parents but, while some babies do it naturally, there are others who do not. They may resist being cuddled, just like some adults.

### Smiling

Smiling is a natural reflex behavior that is present from birth. The smile reflex can range from a fleeting grin to a full-fledged expression of delight. Baby can also mimic facial movements such as "O" lips or tongue thrust. Assume a smile is genuine and smile back!

### Reflexes

Your baby has many automatic behaviors at birth. Babies have smooth and jerky movements. Most reflexes serve to protect baby, like the sucking reflex. Other automatic behaviors are "practice" for things baby will do later.

You may observe:

- \* Startle reflex
- \* Walking reflex
- \* Crawling reflex
- \* Grasping reflexes with hands and feet

As baby matures, these automatic responses will decrease and voluntary movements will increase.



## Crying

Crying is one way a baby can successfully communicate with the rest of us. It means baby has reached his or her limit and is expressing a need for help.

Crying is likely to increase at about two weeks of age, peak at six weeks, then gradually taper off. Knowing that this is normal behavior will help you cope and meet the challenge when your baby is crying.

When babies have been crying and are unable to console themselves, these gentle methods may help:

- \* Lean over and talk to baby in a soft, continuous manner.
- \* Place your hand on baby's chest, holding his or her arms snug against baby's body.
- \* Pick up and hold baby, rocking gently.
- \* Lastly, try pacifying or feeding your baby.

Not every cry means that baby is hungry. Often all an infant needs to help quiet down is hearing the sound of a reassuring voice. Learning what works to console your baby will help you feel more confident in your ability to care for him or her. For more information about crying, see the Baby Care section of this New Parent Guide.

## Self-consoling

Babies have individual ways to console themselves. Allow them time to show you what they can do. Babies often instinctively use these methods to console themselves:

- \* Suck on fingers.
- \* Suck on tongue.
- \* Bring hands to mouth area.
- \* Change position.
- \* Pay attention to noises.
- \* Watch things.

## "Tuning out"

Most babies are able to "tune out" environmental stimulation by going to sleep. This response can be both good and bad. Be aware of your baby's normal sleep needs and try to avoid over-stimulation.

When baby is able to sleep rather than be startled by normal activities and noises, the "tune out" response is a boon to new parents. Infants who cannot "tune out" everyday sounds and activities will probably not sleep well, and will be irritable unless you provide a quiet environment.

Overwhelming noise and activity—in large gatherings such as baby showers or noisy parties—may also cause babies to "tune out." When the source of the overwhelming stimulation goes away, baby will probably wake and be fussy when he or she should be sleeping.

## Irritability

Some babies are upset by noises, being handled, temperature changes, and other factors. More sensitive babies need a more controlled, quiet environment, and may require more frequent consoling. Understanding this can help you deal more effectively with an easily agitated baby when baby fusses or cries. Instead of worrying that you are doing something wrong, you can recognize this behavior as a part of baby's unique personality.

### Acknowledgments:

The material in this section has been adapted from Dr. T. Berry Brazelton's NEONATAL BEHAVIORAL ASSESSMENT SCALE and from EARLY PARENT-INFANT RELATIONSHIPS by Kathryn Barnard, RN, Ph.D., et al.

## 3: Immunizations, Illness, & Jaundice

### Infant Immunizations

It is very important to take an active role in preventing childhood illnesses through immunization. In the United States alone, vaccinations are credited with providing a 97% reduction in cases of diphtheria, measles, mumps, pertussis (whooping cough), polio, rubella, and tetanus. Still, less than half of the children in the United States are fully immunized.

Your child—and children everywhere—will continue to enjoy the health benefits from these vaccines only by being fully immunized. The United States Department of Health publishes current recommendations for infant immunizations. A copy of the recommendations can be found in the resource pocket of this brochure, or you may call the Department of Health in Olympia at (360) 664-8688.

### Illness

#### Taking a temperature

Digital thermometers are recommended for taking baby's temperature. If using a glass thermometer, shake the mercury level down to below 96° Fahrenheit or 36° Centigrade. Ear thermometers are not recommended for babies less than six months old.

#### Under-the-arm temperature

- \* Place the tip under baby's armpit and hold the infant's arm close to his or her body.
- \* Hold in place three to five minutes for glass, or until a digital thermometer beeps.
- \* Read the thermometer. The normal under arm temperature for an infant is 97.6° to 99.0° Fahrenheit or 36.4° to 37.2° Centigrade.

#### Rectal temperature

- \* Only take a rectal temperature if instructed to do so by your baby's provider.
- \* Use only a rectal thermometer for rectal temperature taking. Be careful never to use a rectal thermometer for oral temperature.
- \* Coat the tip of the thermometer with a lubricant.
- \* Lay your baby on his or her stomach.
- \* Gently insert the tip no more than a half-inch into the baby's rectum. Keep your fingers holding the thermometer, and rest your hand against baby's bottom in case your baby wiggles.
- \* The normal rectal temperature for a baby is 98.6° to 100° Fahrenheit or 37.0° to 37.8° Centigrade.
- \* Clean thermometer with soapy water.
- \* Wash your hands.

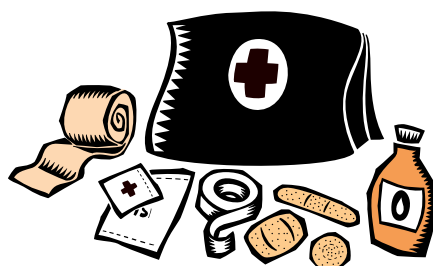
### Jaundice

Jaundice is the yellow or yellow-orange discoloration seen in baby's skin and whites of the eyes due to high levels of bilirubin in the blood. (Bilirubin is a normal by-product of aging blood cells.) Approximately 80% of all newborns show some signs of jaundice. Approximately 5% to 15% of babies will require treatment for jaundice. Treatment may be performed in the hospital or your home.

There are three simple tests you can do at home to determine if your baby has jaundice. Hold your baby in front of a window in the daylight. Look at your baby's skin color.

1. Is the skin yellow/orange?
2. Does the yellow/orange color extend to the chest or stomach?
3. Are the whites of the eyes yellow?

If you answered "yes" to any of these questions, call your health care provider. Jaundice may cause your baby to be sleepy and not feed well.





## When to Call the Doctor

Signs and symptoms to report to baby's physician:

- \* **Fever of 101° Fahrenheit or higher** (under the arm).
- \* **Vomiting of two to three consecutive feedings.** (This does not include wet burps or small spit ups.)
- \* **Difficulty breathing when not crying.**
- \* **Significant changes in baby's behavior, including difficulty arousing or sudden increase in fussiness.**
- \* **Increasing jaundice** (yellowness of skin or eyes).
- \* **Increasing redness around the base of the cord.**
- \* **Too many or too few voids.** (See the section on feeding for the minimum number of wet diapers and stools each day.)

## When to Call the Emergency Medical Services System (911)

- \* **Baby is not breathing, is having trouble breathing, or baby is choking.** This can include when baby is working hard to breathe, and the skin, mucous membranes, lips, or fingernails are blue or gray.
- \* **Baby is unconscious, even if baby is breathing.**
- \* **Baby has no pulse.**
- \* **Baby is bleeding.**
- \* **Baby is burned or scalded.**

## 4: Baby Care

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### Dressing

Unlike adults, babies cannot readily maintain body temperature. In general, dress your baby with one more layer of clothing than yourself. Hats are recommended to protect against sun, wind, and cold. Hands and feet are normally cooler than the body. Check your baby's warmth by feeling the abdomen or back of the neck.

### Skin Care and Bathing

- \* Lower your water heater to 120° Fahrenheit for safety. Babies scald very easily.
- \* Doing as little as possible to disrupt nature's delicate balance is best. This means giving baby a bath once or twice a week with water and mild soap.
- \* Between baths, it is important to do a daily cleaning of baby's face, neck, and diaper area with a warm, wet cloth. Soap and lotions are not recommended for daily cleaning, but wiping these areas with a warm, wet cloth will help keep baby clean without disrupting nature's delicate balance.
- \* Gather everything you will need for bath time, including baby's clean clothes, before beginning the bath.
- \* Never leave your baby unattended in a bathtub or on a counter. Always keep one hand securely on baby. Plan to ignore the telephone, doorbell, and other distractions while bathing your baby.
- \* Sunscreen is not recommended for babies less than six months old. Keep your baby shaded against direct sunlight.
- \* There may be white dots (milia) on baby's nose and face. These are normal, plugged skin ducts. They will go away on their own. Do not try to clear the ducts by squeezing the dots.
- \* Newborn rash looks like flea bites (red with a light center) and is normal. The rash may appear anywhere on your baby's body. It often disappears and then reappears. Continue to use a mild soap, and do not use any other creams or lotions during this time.
- \* Baby's skin may normally be dry and peeling. Moisturizers will not prevent this common condition. It is best to leave the skin to peel on its own.



### Sponge bath

Some health care providers recommend sponge baths for baby until the umbilical cord has fallen off (one to three weeks) and the navel is completely healed. Bathe your baby in a warm room.

- \* Undress baby and place him or her on a towel. If it is chilly, put another towel over top of baby.
- \* Make sure water temperature for your washcloth is warm, not hot. A temperature between 98° and 100° Fahrenheit is recommend. We also suggest using a bath water thermometer to measure the temperature.
- \* With the edge of a clean, damp wash cloth, gently wipe each closed eye from the inner to the outer corner. Use a different area of the washcloth for each eye. Wash the rest of the face with warm water.
- \* Clean the outside of the ears and nose. You do not need to clean inside baby's ears or nose. Do not use cotton swabs—they can damage the ear or nose if inserted too far.
- \* Clean front of baby's body with a wet washcloth and mild soap. Rinse well.
- \* Place baby on tummy and wash the baby's back in a similar manner.
- \* Wash diaper area. Clean the baby's genitals, wiping from the front to the back. Open all skin folds and creases to wash carefully.
- \* Gently dry body. Open skin folds and creases to dry; they can chafe if left wet.
- \* If the umbilical cord is still on or not yet healed, follow "Umbilical Cord Care" directions in this section.

### Bulb Syringe Use

Bulb syringes suction baby's mouth to remove mucus or milk. Because bulb syringes cannot be cleaned adequately, throw them away after one week of use.

Here's how to use a bulb syringe:

- \* Turn baby's head to the side.
- \* Squeeze bulb to remove air.
- \* Place tip inside mouth along the cheek.
- \* Release the bulb to suction.
- \* Remove the bulb and squeeze to empty it.
- \* Repeat as needed.
- \* Wash bulb in hot soapy water and rinse after each use.

### Nail Care

Tips of baby nails are often attached to the skin. Use caution when trimming nails in the first few weeks. Trimming nails can be tricky when your baby is active, so trim nails when your baby is asleep. Trim the nails straight across by using an infant emery board.

### Uncircumcised Penis

No special care is needed. Do not try to retract the foreskin.

### Circumcision Care

The penis should heal in one to four days. During this time, gently cleanse the area with water and cotton balls only. Do not use alcohol.

In the normal healing process, a yellowish discharge appears around the penis. Do not try to wash this off. Liberal use of an ointment like A&D or Vaseline will help protect the skin from sticking to the diaper. If a Plastibell(tm) was used, consult the instructions given to you at that time. Avoid excessive use of ointment.

### Umbilical Cord Care

Lift the cord gently and apply rubbing alcohol to the base of the cord three times a day to keep the area clean and dry. There is no feeling in the cord, so the alcohol will not hurt your baby.

Keep the diaper below the level of the cord until the cord has fallen off and the area has healed. The cord usually falls off by two weeks of age--there may be a small amount of bleeding when this happens. Continue using alcohol until the base is completely healed (three to four days).

**Call your health care provider if any of the following occurs:**

- \* **Bleeding from the circumcision.**
- \* **If baby has not urinated within 24 hours after the procedure.**
- \* **If an offensive odor develops.**

### Diaper Rash

Some babies have sensitive skin and develop diaper rash often. Creams, lotions, ointment, and powders are not routinely recommended. If a rash occurs, expose the area to air and change the diaper at least with every feeding. If there is no improvement within 24 to 36 hours, or the rash spreads beyond the diaper area, call your baby's health care provider the next office day.

### Elimination

#### Urination

Please see the section on feeding for the minimum number of wet diapers. It may be difficult to determine the amount your baby urinates with disposable diapers. Try placing a clean, dry tissue inside the front of the diaper to check for wetness until the baby is soaking the diaper. Babies often pass uric acid crystals, a red-orange colored residue, in their second and third day of life. This is normal.

#### Stools

Please see the section on feeding for the minimum number of stools. The first stools have a black tarry consistency (meconium) and may occur for one to three days after birth. Call your baby's health care provider if meconium stools continue after three days. The next stools (transitional) are loose green and with mucous. They last an additional one to two days.

Breast milk stools are loose and frequent. Stools usually occur with every feeding for the first month. Formula stools are soft.

## Crying Baby

**Most babies are sleepy for the first one to two days. Beginning on day two to five, crying and fussiness will increase. Parents often feel frustrated when they cannot soothe their crying infant, but babies whose parents respond quickly and consistently to their crying seem to cry less frequently and not as intensely. Whatever the cause, babies tend to outgrow this fussiness by six weeks of age.**

### **Common reasons babies cry include:**

- \* Being tired or over-stimulated.
- \* Feeling pain or discomfort.
- \* Being wet or soiled.
- \* Boredom.
- \* Loneliness.
- \* Being startled.
- \* Feeling hot.
- \* Feeling cold.
- \* Hunger.

### **Ways to soothe a crying baby include:**

- \* Pick up the baby and hold closely.
- \* Rock, walk, or sway the baby in a gentle, rhythmic pattern.
- \* Change positions.
- \* Snugly wrap the baby in a blanket.
- \* Hold the baby upright against your chest.
- \* Take the baby outside or for a car ride.
- \* Nurse or feed the baby.
- \* Change baby's diapers.
- \* If baby is too hot, remove a layer of baby's clothing.
- \* If baby is too cold you can add a layer of baby's clothing, take off baby's clothes and put baby's skin next to yours and cover with a blanket, or take baby to bed with you to cuddle.
- \* Give baby a bath.
- \* Turn music, TV, or lights on or off.

**Give baby time to respond to comforting measures. There may be times when you have done everything and baby still cries. If this happens, take a break. Put the baby in a safe place, or let someone else take over.**

## 5: Mother Care

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The postpartum period begins with baby's birth and lasts about six weeks. It is a time of physical and emotional readjustment. For example, you may feel warm and have increased perspiration—especially at night—and experience fluctuating emotions due to changing hormone levels. By understanding the changes that are occurring now, you are more likely to be able to successfully cope with them.



### Activity

*During the first week at home, you should only take care of yourself and your baby. Fatigue and weakness are common during the first week. You need rest to regain your strength. Here are some tips for your first week at home:*

- \* Wear loose comfortable clothing or nightclothes.
- \* Limit stair climbing for the first few days.
- \* Resume your household tasks gradually. Let family and friends help with chores.
- \* Try to rest or sleep when baby naps.
- \* Driving is not recommended for the first two weeks, or while taking any prescribed narcotics.

### Exercise

Returning to your pre-pregnancy physical condition takes time. Many women use their prenatal exercises again immediately after delivery to help speed healing and the return of muscle tone. Doing Kegel or perineal squeeze exercises will help the pelvic floor muscles get back in shape. Doing the pelvic tilt exercise will help tone your abdominal muscles and strengthen your back. Vaginal muscle tone will return in approximately six weeks.

When you feel ready, short walks are helpful for your physical and psychological well being. Be sure to take it easy!

The hormones of pregnancy and breastfeeding cause your ligaments and joints to relax and increase your risk of injury. As always, check with your health care provider before starting any exercise routine. Strenuous exercise such as aerobics, sit-ups, and jogging should not be started until your health care provider gives you the go-ahead.

### Vaginal Bleeding/Discharge

Expect vaginal discharge to last two to six weeks. This should gradually decrease and lighten in color. If bleeding increases, or color returns to bright red, you need more rest. If you notice foul-smelling discharge, you are saturating a pad an hour, or passing large clots, call your health care provider for further instructions. Your flow may temporarily increase during breastfeeding. To decrease the amount of bleeding, massage the top of your uterus every two to three hours for the first two days.

### Tears/Episiotomy

The perineum is the area between the vagina and rectum where the episiotomy (a short incision) or a small tear may have occurred during delivery.

Healing will occur in two or three weeks. Stitches, if used, dissolve and do not need to be removed. You may find bits of thread on your pad. To prevent infection, promote healing, and provide comfort:

- \* Use a squeeze bottle with warm water to clean after urination and bowel movements.
- \* Use topical medications as recommended by your health care provider.
- \* Sitz baths may be taken at home in your bathtub or on your toilet seat using a portable sitz bath pan. You can do a sitz bath in your tub by sitting in the tub on a folded towel for about 20 minutes. Soreness will resolve in about six weeks. Kegel exercises may be started immediately to speed healing and increase circulation to the area.

### Hemorrhoids

The following suggestions will help relieve hemorrhoid discomfort.

- \* Take sitz baths.
- \* Use topical medications as suggested by your health care provider.
- \* Avoid constipation.

### Constipation

Drinking eight to 10 glasses of water per day and eating fresh fruits and vegetables, whole grains, and other foods high in fiber help reduce the chances of constipation. Do not postpone bowel movements. Your provider may suggest a stool softener. If normal bowel function does not resume within several days after delivery, call your provider.

### Cramping

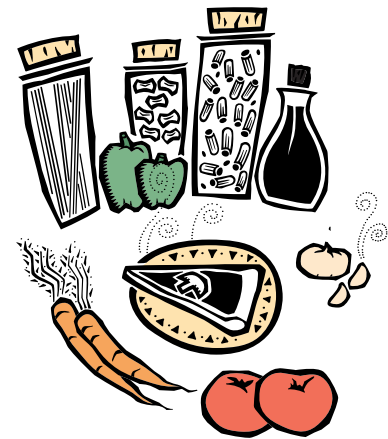
The sensation of menstrual cramping is normal as the uterus returns to its former size. You may notice cramping, especially when you are nursing. Cramping will decrease after the first week. Some women may need heat, deep breathing, or pain medication for severe cramping.

### Breast Care

Clean your breasts with daily showers. Avoid using soap on your nipples. If you are not breastfeeding, avoid any stimulation to your breasts. This includes not expressing breast milk, keeping your back to the shower flow, and wearing a well-fitted bra.

### Nutrition and Fluids

As your body is healing, you need a good diet that is high in fiber and fresh fruits and vegetables. Avoid caffeinated beverages. Caffeine causes your body to eliminate needed fluids. It is usually a good idea to drink water regularly, rather than wait to feel thirsty. If you are getting enough fluids, your urine will be pale yellow in color.



### Cesarean Birth

The incision made through the uterus and the abdomen takes two to six weeks to heal. The pain should lessen with each day. Take your temperature two times a day for the first week. Call your provider if you have a fever over 101° Fahrenheit, or if you experience chills, increased pain or redness at the incision.

You may have staples or sterile strips of tape over your incision. Staples will be removed two to four days after birth. Sterile strips will gradually loosen and fall off. If they haven't done so after about a week, gently remove them. It's fine to shower and wet the incision if you dry it afterward. Cotton underclothing is usually more comfortable than nylon because it lets the skin breathe as it is healing. Avoid elastic pressing right on the incision. If you notice redness, increasing pain, swelling, or discharge call your health care provider.

## Baby Blues

Baby blues occur in 50% to 80% of new mothers. They usually start on the second or third day after the birth and last no more than ten days.

### Symptoms include:

- \* Having crying spells .
- \* Experiencing mood swings.
- \* Worrying about baby.
- \* Having anxiety.
- \* Feeling loneliness.
- \* Lacking confidence in parenting ability.

### The following steps may help:

- \* Get help with the chores, or let them go for now.
- \* Rest or sleep when the baby sleeps.
- \* Eat plenty of whole grains; fresh fruits and vegetables; and protein-rich foods such as fish, chicken, beef, dairy, and beans.
- \* Seek support. Tell others how you feel and ask for help and support. Join a new mothers' group, such as Listening Mothers, or get to know other new mothers at your church or workplace.
- \* Trust yourself. Remember, even without experience, most parents can do what is right for their baby.
- \* Schedule time each day just for you.



## Postpartum Mood Disorder (Depression)

Postpartum mood disorder occurs in about 10% of new mothers. It may start as early as the second or third postpartum day, or may take several weeks or months to develop. Many of the symptoms of baby blues are present, but they are more intense. Other symptoms include:

- \* Loss of appetite.
- \* Feelings of helplessness or loss of control.
- \* Over-concern or no concern about the baby.
- \* Dislike or fear of touching baby.
- \* Frightening thoughts about baby.
- \* Little or no concern about own appearance.
- \* Inability to sleep or sleeping too much.

Discuss symptoms with your health care provider. When recognized early, postpartum depression is more easily resolved. Medication, counseling, or temporary hospitalization may be necessary if depression is severe or treatment is delayed.

## Contraception

Fertility may return before menstrual periods resume. Breastfeeding cannot be considered a reliable birth control method.

Talk with your health care provider to determine which contraceptive method will best meet your needs. Keep in mind that the six-week postpartum visit may be the first opportunity for your health care provider to prescribe many birth control methods. Using a barrier contraceptive (condom, diaphragm, or cervical cap) prior to that appointment is recommended.



Available contraception methods include:

**Progesterone mini-pills**

- \* Safe to use while breastfeeding.
- \* Taken daily.
- \* May lose effectiveness after baby is weaned.
- \* Does not provide protection from Sexually Transmitted Diseases (STDs).

**Estrogen/progesterone pills**

- \* Not recommended during breastfeeding.
- \* Taken daily.
- \* Does not provide protection from STDs.

**Barrier methods (includes condoms, diaphragms, cervical caps)**

- \* Safe to use while breastfeeding.
- \* Most effective when used with spermicidal foam or gel.
- \* Diaphragms may need to be refitted after the birth of a baby.

**Progesterone injections (Depo-Provera®)**

- \* Safe to use while breastfeeding.
- \* Injected once every 12 weeks.
- \* Provides long-term birth control.
- \* Does not provide protection from STDs.

**Hormonal Implants (Norplant®)**

- \* Safe to use while breastfeeding.
- \* Thin, flexible capsules that are injected underneath the skin of the arm.
- \* Provides long-term birth control for up to five years.
- \* Does not provide protection from STDs.

**Intrauterine Device (IUD)**

- \* Safe to use while breastfeeding.
- \* Provides long-term birth control.
- \* Initial cost can be high, but is the least expensive method over the long term.
- \* Does not provide protection from STDs.

**Natural family planning**

- \* Safe to use while breastfeeding.
- \* Does not provide protection from STDs.
- \* Talk to your health care provider about the commitment required for this to be an effective method.

**Tubal Ligation (Female Sterilization)**

- \* Safe to use while breastfeeding.
- \* A woman's fallopian tubes are surgically closed. Fallopian tubes carry eggs to the woman's uterus.
- \* Permanent, and usually cannot be reversed.
- \* Does not provide protection from STDs.

**Vasectomy**

- \* A man's *vas deferens* are surgically closed. The *vas deferens* are tubes that carry sperm to the penis.
- \* Several months are required before the semen no longer contains sperm. Semen is the fluid released by a man during sex.
- \* Other contraceptive methods must be used in the interim until your health care provider tells you they are no longer needed.
- \* Does not provide protection from STDs.

## 6: Infant Feeding

### Breastfeeding

**Breastfeeding can be a satisfying and rewarding experience for the family as well as physically beneficial for the mother and baby. Breast milk is a complete food that is easily digested by the newborn. It decreases the chances of allergies and some illnesses, while the physical closeness and the nourishment of your breast milk help your baby grow and thrive. Education, practice, and support can help you achieve your breastfeeding goal.**

### Getting started

Early and frequent nursing helps produce breast milk sooner and reduces engorgement. Your baby should learn about suckling while your areola, the brown area surrounding the nipple, is soft and easy to grasp. Encourage your baby to nurse every two to four hours. The more frequently your baby nurses, the more breast milk you will produce.

Colostrum is the yellowish breast milk, rich in immunity factors and nutrients, produced for your baby in the first few days. The mature breast milk will come between the second and fifth day. Your breasts will become firm and heavy with milk. At first there will be colostrum mixed with mature breast milk, making it look creamy. Later, as the colostrum disappears, the breast milk may appear thin and watery. It is your baby's perfect food. All the nutrients and protective factors are there in just the right amounts.

For full-term, healthy babies we recommend breast milk only. Supplements of formula or water are not necessary. They may make your baby too full or sleepy to nurse at the next feeding and may adversely affect your breast milk supply. The use of a bottle in the early days of life may make it more difficult for baby to become adept at breastfeeding.

### Positioning and latching-on

Position yourself comfortably. Being relaxed is helpful when getting started. Both sitting up and lying down are good positions. Pillows provide support to your arms and baby. Support will help maintain proper latch and positioning of the baby.

There are four basic positions for breastfeeding.

- \* Classic (madonna or cradle)—sitting upright cradling the baby in your arms.
- \* Reverse cradle—same as the classic position except that your opposite hand supports the baby's head, freeing your other hand for breast support.
- \* Football—tucking the baby under your arm at your side.
- \* Side-lying—lying down with both you and baby on your sides facing each other.

### For all positions:

- \* Position yourself comfortably, using pillows for support.
- \* Baby's tummy needs to be against your tummy, baby looking directly at your breast, with his lips close to your nipple.
- \* Baby's ear, shoulder, and hip should be in alignment.
- \* Support your breast with your hand—fingers under your breast and thumb on top. Both your fingers and thumb should be away from the areola to give baby enough room to grasp the nipple and most of the areola.
- \* Pull your baby close and stroke his bottom lip with your nipple. When he opens his mouth wide, pull him close quickly so the nipple goes deep in his mouth. Bring his bottom in close to you—he is more comfortable close to you. His cheeks, chin, and nose will gently touch your breast. His nose will flare open to breathe even when against your breast.
- \* Take your time. Relax. Breastfeeding becomes easier with practice.
- \* There will be minimal or no discomfort at the mother's breast if the baby has latched on correctly. You will feel a rhythmic suckling or tugging. Baby's upper and lower jaw should open very wide, with the lower lip curled outward and no dimpling of the cheeks.

## Frequently asked questions about breastfeeding

### What is letdown?

After baby has started nursing, you may feel a slight tingling sensation in your breast, known as the letdown reflex. Baby's suckling stimulates the release of breast milk. Some women do not feel the letdown reflex. Stress, cold, pain, anxiety, nicotine, and alcohol may block your letdown reflex. Seeing your baby or hearing a baby cry can stimulate letdown.

### How often should I breastfeed my baby? How can I tell if my baby is getting enough breast milk?

The following chart will guide you in knowing how often your baby should breastfeed and if your baby is getting adequate breast milk. You may wake a sleepy baby by unwrapping, talking to baby, changing diaper, massaging baby, or tickling baby's feet. You will be more successful if you wait until baby stirs on his or her own then try one or two of these waking techniques. Each baby has its own nursing style. You do not need to limit the length of time your baby nurses.



## Remember...

- \* **Breastfeed often.**  
Every two to three hours.  
At least 10 to 15 minutes per side.  
Baby should eat from both sides at a feeding.  
Eight to 10 times per day.
- \* **Focus on baby, yourself, and breastfeeding.**
- \* **Limit visitors.**
- \* **Work your schedule around the baby's schedule.**
- \* **Sleep when baby sleeps.**
- \* **Stay at home during the first week.**
- \* **After the first week, begin with short trips.**
- \* **Avoid pacifiers.**
- \* **Limit housework and shopping.**
- \* **Eat three meals and two snacks, and drink two to three quarts of fluid per day.**
- \* **Attempt to burp your baby after he feeds at each breast.**
- \* **In order to maintain milk supply in each breast, alternate the breast you begin a feeding with.**
- \* **Air-dry your nipples after breastfeeding.**

Breastfeeding	Frequency	Feeding in 24 hours	Number of voids	Number of stools
First 24 hours	Offer breast when baby arouses, at least every three to four hours.	At least once. Some babies feed infrequently during this time, others may feed up to eight times in the first day.	At least one.	At least one.
Second 24 hours	At least every three to four hours with a four to six hour stretch of sleep.	Six to eight times in 24 hours for at least 10 to 15 minutes on each side.	At least two.	At least two.
Third 24 hours	At least every two to three hours with a four to six hour stretch of sleep.	Eight to 15 times in 24 hours for at least 10 to 15 minutes on each side.	At least four.	At least three.
Four days to three months of age	At least every two to three hours with a four to six hour stretch of sleep.	Eight to 15 times in 24 hours for at least 10 to 15 minutes on each side.	At least six, expect eight to 10.	At least four, expect five to eight.

*NOTE: Babies may feed more often in the evening, just before your breast milk comes in, and during growth spurts.*

### **Why are my breasts so full?**

Your breasts may become engorged, full and tender when your breast milk comes in. This may last one to three days. Engorgement can also happen when feedings are delayed.

Recommendations:

- \* Nurse frequently.
- \* Perform gentle breast massage while taking a warm shower, or apply warm wet cloths to your breasts before feedings.
- \* Hand-express enough breast milk to soften the areola before feeding.
- \* A supportive nursing bra may reduce some discomfort. Make sure it fits well so there are no pressure areas to interfere with breast milk flow.
- \* Applying cool cloths to your breasts between feedings may be comforting.

### **Why does my baby suddenly want to eat all the time?**

Baby may be having a growth spurt when he or she wants to nurse frequently, especially around three weeks, six weeks, and three months. Typically baby may nurse more for a few days, then resume the previous nursing pattern. More frequent nursing during growth spurts increases your breast milk supply, so there is rarely a need to give supplements during these times.

### **When can I introduce a bottle?**

If you plan to give your baby a bottle, wait until breastfeeding is going well and your breast milk supply is established. Usually, this will take at least three to four weeks.

Bottle-feeding is a learned skill and your baby will need time to learn it. To maintain breastfeeding, watch baby's behavior closely and discontinue bottles if your baby has trouble nursing. Infants make decisions and show preferences, so do not be alarmed if your baby refuses a bottle despite your offering it each day.

### **How does my diet affect the quality of my milk supply?**

A well-balanced diet is recommended, including fresh fruits and vegetables, meats, fish, eggs, dairy, whole grain breads, and cereals. The quality of your breast milk is the same no matter what you eat, but inadequate nutrition can compromise your health, and may decrease your breast milk supply. Your calorie intake needs are similar to your calorie needs during pregnancy.

*Breast milk is made continuously and rapidly when baby is nursing.*

**Look for:**

- \* **Softening of breasts after feeding (after day three or four).**
- \* **Actively suckling and swallowing at breast for a minimum of 15 minutes. Baby will swallow about every one to three sucks.**
- \* **Baby to be back to birth weight by two weeks of age, then gain five or more ounces per week thereafter.**

Most foods taken in moderation are unlikely to cause problems with your baby. If your diet routinely included gas-forming foods such as onions, cabbage, broccoli, cauliflower, and beans during your pregnancy these foods should not produce gas in your baby.

Caffeine is found in many foods and beverages. Many mothers claim that high amounts of caffeine in their diets cause their infants to be irritable and fussy. Another consequence of caffeine is its diuretic effect, which causes you to lose fluids through frequent urination rather than being available for breast milk production. We recommend minimizing caffeine intake for these reasons.

You do not need to drink cow's milk to make breast milk. However, if you do not consume milk products, be sure to eat other high-calcium foods. Contact a nutritionist, dietician, or lactation specialist for a list of calcium-rich foods.

Most breastfeeding mothers are naturally very thirsty. Extra fluid each day is needed to maintain your breast milk supply. A good habit to develop is drinking a glass of water or juice every few hours. You will know you are getting enough fluids when your urine is clear pale yellow.

### **What about smoking, drugs and alcohol?**

Many over-the-counter and prescription drugs are fine to take when breastfeeding. However, it is important that you check with your baby's health care provider before taking any medication. Illegal drugs can pass through your breast milk and harm your baby. It is strongly advised that you do not take these while you are breastfeeding.

Alcohol also passes into breast milk and is not recommended. Alcohol will make your baby sleepy. If you choose to drink alcohol, it is advised that you breastfeed before you drink and that you wait three hours after each drink before you breastfeed again.

Nicotine causes babies to be irritable and can decrease your breast milk supply. If you do smoke, breastfeed your baby before smoking. Secondhand smoke can contribute to respiratory illness and Sudden Infant Death Syndrome (SIDS) in babies and children.

### **What if I have flat or inverted nipples?**

An erect nipple is not essential for breastfeeding since the baby should nurse on the areola, not the nipple. However, helping your nipple to become erect by touch or cold may be helpful before nursing. Drawing the nipple out with suction may also be helpful.

### **What can I do to prevent sore nipples?**

Many women experience tenderness of the nipples during the first two weeks of breastfeeding. Excessive soreness can often be related to baby's poor latching-on. Proper positioning and good latching-on help your baby correctly grasp the breast and draw the nipple to the back of his or her mouth, with little trauma to the nipple. You may feel soreness when the baby first latches on to your breast. This should resolve as your nipples get used to nursing.

Rotating positions (i.e., side lying for one feeding, football hold for the next, cradle hold for the next) can decrease stress to any one area of your nipple. Break the suction before removing baby from your breast by inserting your finger into baby's mouth and gently rocking your finger between the gums. This will cause the baby to open his or her mouth.

### **How do I care for my sore nipples?**

After nursing, express a small amount of colostrum or breast milk and rub this into your nipples; then let them air-dry. Have a postpartum follow-up nurse or your health care provider check the baby's latching-on and position.

### **When and how should I pump and store breast milk?**

It is recommended that you delay pumping for convenience until breastfeeding is going well, at least three to four weeks. You can hand-express your breast milk, or use a pump. There are a variety of pumps

available including manual, battery-operated, and electric. For more information on pumps, call Northwest Medical Supply at (206) 365-2277.

You may store your breast milk in plastic bottles or nurser bags. Discard breast milk that has been left over from a feeding, as the baby's saliva will spoil it. Store breast milk in individual feeding amounts.

You can store breast milk in the refrigerator for 48 hours. Breast milk can be frozen for several weeks to several months. Be sure to date your container and use the oldest breast milk first.

Placing the breast milk container in a pan of warm water can warm refrigerated or frozen breast milk. **DO NOT MICROWAVE** because it will destroy the immunological properties of the breast milk.

### **When should I call for assistance?**

- \* **When baby cannot latch on, or is having difficulty feeding for two or more feedings in a row.**
- \* **When engorgement is unrelieved by the methods described above.**
- \* **If a painful lumpy area or knot in your breast is unrelieved by nursing.**
- \* **You are experiencing flu-like symptoms, fever, or breast redness or pain.**
- \* **You have cracked, bleeding, or painful nipples.**
- \* **If soreness in nipples persists longer than five to seven days.**
- \* **When nipples are sore again after initial soreness resolves.**
- \* **If you or your baby are hospitalized.**
- \* **When you are planning for return to work (call two to three weeks before returning to work).**

## Formula feeding

### Bottle feeding

Feeding times are an opportunity to hold your baby close, talk, and cuddle. Feeding times are excellent times for bonding. Your baby needs the nutrients from the breast milk or formula, and time for closeness and bonding with you.

When bottle-feeding with breast milk or formula, hold your baby in a comfortable position, close to you with baby's head a little higher than his body. Touching the bottle nipple to the baby's lips will cause the baby to turn to the nipple. After your baby opens his or her mouth, quickly insert the tip of the nipple inside. Tilt the bottle so the nipple is always full of breast milk or formula. Hold the baby sometimes in your left arm and sometimes in your right to encourage balanced eye muscle development. Always hold your baby for feedings and don't prop the bottle.

Although sterilizing baby's bottles is no longer necessary, it is important to use clean bottles, nipples, and collars. Wash the bottles and nipples with a bottlebrush in warm soapy water or in the dishwasher. Rinse and dry them well before filling them. Check the nipple for enlarged or clogged holes by holding the bottle upside down. The breast milk or formula should come out as a slow drip. If the fluid does not drip out, force water through it to check whether the nipple opening is clogged. Replace nipples that have flow that is either too fast or too slow.

### Formula

The American Academy of Pediatrics recommends that formula-fed babies receive iron-fortified formula for the first year of life. There is no evidence that babies on iron-fortified formula have more gas, fussiness, or constipation than those fed low-iron formula.

If your family or your baby is allergic to cow's milk, your baby's health care provider

may recommend you use a soy-based formula. Most soy formulas are fortified with iron. Soy formulas are not "hypo-allergenic." Babies can be allergic to soy formulas as well.

As much as formula manufacturers advertise differences in formula, they are all regulated by the Infant Formula Act and are relatively the same. Formula comes in three forms: ready-to-feed, concentrated, and powdered. Do not dilute ready-to-feed formulas. Concentrated formulas must be diluted and powdered formula must be prepared correctly. Read and follow the manufacturer's directions carefully.

For full-term healthy babies, feeding when baby is hungry is best. In the first few days, babies will drink half an ounce to three ounces eight to 12 times a day. By one week, babies will drink 16 to 24 ounces a day. Your baby should finish feeding within 30 minutes. Fill each bottle with one ounce more than baby usually takes in a feeding. Be sure to burp your baby two to three times during each feeding.

A baby on formula should have daily wet diapers equal to his age in days, until he reaches a minimum of six wet diapers a day and at least two stools per day. His stool will initially be tarry black (meconium), and by the time he's four days old the stools will be yellow and soft.

Formula-fed babies may need to suck longer than the amount of time it takes to eat. If your baby has eaten his usual amount and still acts hungry, try a pacifier or a clean adult finger to suck before giving more formula.

Don't save a partially used bottle for the next feeding. When mixed with the baby's saliva, the formula will quickly spoil. Room temperature is fine for formula feeding. You may want to warm a chilled bottle by placing it in a pan of warm water until the temperature is comfortable to the inside of your wrist. Do not use the microwave to warm formula.

<b>Bottlefeeding</b>	<i>Frequency</i>	<i>Amount</i>	<i>Number of voids</i>	<i>Number of stools</i>
First 24 hours	Every 24 hours.	1/2 to 1 ounce.	At least one.	At least one.
Second 24 hours	Every 24 hours.	1 to 2 ounces.	At least two.	At least two.
Third 24 hours	Every 24 hours.	2 to 3 ounces.	At least three.	At least two.
Four days to Three months of age	Every 24 hours.	2 to 8 ounces.	At least six.	At least two.



## 7: Safety

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### Safety at Home

*Injuries are one of the leading causes of child mortality, but following some general safety rules can prevent many injuries. No matter how careful you are, injuries and illnesses may still occur. Be sure you know what to do in case of an emergency. Consider taking an infant/child safety class at Northwest Hospital to increase your confidence and knowledge about caring for your child in an emergency situation.*

#### Car Seats

State-approved infant or convertible infant/child car seats are required by law. The seat faces backward in a semi-reclining position and is attached to the car according to the manufacturer's directions. The safest place for baby in the car is the middle of the back seat, fastened in a car seat. Do not place your baby in a seat with an air bag. A baby held in arms or in any other carrier is not safe. For updated information about specific car seats, call the Safety Restraint Coalition at (800) BUCKL-UP (282-5587).



#### Baths

- \* Turn the thermostat on your hot water heater down to 120° Fahrenheit. Recommended bath water temperature is 98° to 100° Fahrenheit. Always check temperature before placing baby in the water.
- \* Keep one hand on your baby at all times in the bath.
- \* Never leave the baby alone in the bath.

#### Preventing Falls

- \* Never leave your baby on an elevated surface unattended.
- \* Always keep the crib rails up.
- \* If interrupted when caring for your baby, put her in the crib, in your arms, or on the floor.
- \* Never leave the baby unattended in an infant seat on an elevated surface.
- \* Hold on to a handrail when you carry your baby down stairs.
- \* Keep stairways clear of objects that could cause you to fall.

#### Preventing Burns

- \* Put screens around radiators, floor furnaces, stoves, fireplaces, and heaters.
- \* Don't smoke or let caregivers smoke when near your baby.
- \* Don't hold your baby while drinking hot beverages.

- \* Don't leave a filled cup of hot coffee or tea near a table edge where it could be pulled down or knocked over.
- \* Check the temperature of foods, bottles, and bath water.
- \* Do not heat baby food or bottles in a microwave.
- \* Never cook while holding your baby.
- \* Make sure all appliance electrical cords are out of reach, not dangling from counters.

### **Crib, Bassinet, Carriage, and Playpen**

- \* Make sure none of your equipment or furniture has lead-based paint.
- \* The space between crib and playpen slats should be no more than 2 3/8 inches wide. Other openings, such as decorative cutouts, should be avoided.
- \* Wood surfaces should be smooth and free of splinters.
- \* The crib mattress should fit snugly. You should not be able to get more than two fingers between the mattress and the crib side. With the mattress in place, the crib rails should rise at least 20 inches above the mattress surface. Sheepskin and soft bedding are not recommended.
- \* Remove bumper pads when baby learns to pull up to a standing position.
- \* To avoid suffocation, remove plastic wrap from mattress.
- \* Don't use a pillow in baby's crib.
- \* Don't put a harness or straps on the baby in the crib.
- \* When the baby is asleep or unsupervised, remove all toys, stuffed animals, and small objects from the crib or playpen.
- \* Hang toy mobiles out of baby's reach.

### **Sleep**

Remember the motto: Back to Sleep! The American Academy of Pediatrics recommends that babies sleep on their backs. This provides the best protection against Sudden Infant Death Syndrome (SIDS).

If you choose to use the side-sleep position, make sure the lower arm is forward to stop baby from rolling over onto his or her stomach.

### **More Safety Tips**

- \* Supervise baby around all animals—including family pets.
- \* Supervise children under six years of age when with baby.
- \* Select toys that are too large to swallow.
- \* Select toys that do not have small breakable parts, sharp edges, or points.
- \* Keep pins, buttons, coins, and plastic bags out of reach.
- \* Never put a loop, ribbon, or cord around the baby's neck to hold a pacifier, or for any other reason.
- \* Necklaces, rings, and earrings are not recommended for babies. It's too easy for baby to swallow them.
- \* Post important telephone numbers next to your phone. Include numbers for baby's health care provider, Northwest Hospital health information line, the emergency medical service system, and the local poison control center. (See the Resources section for more information.) Also post your address and nearest cross street or directions there for babysitter or visitors to use in an emergency.
- \* Install smoke detectors throughout your house or apartment.
- \* Replace smoke detector batteries twice a year.
- \* Keep a small fire extinguisher in the kitchen.
- \* Never leave a bottle propped for baby to drink.
- \* Do not use baby bottles, baby food jars, or baby dishes for anything other than food or beverages that are safe for baby.
- \* All medications and cleaning fluids should be out of children's reach.

### **Emergencies**

No matter how careful you are, injuries and illnesses can occur. You should know what to do in case of an emergency. Take a course on infant and child safety at Northwest Hospital to increase your confidence and skills to care for your child in an emergency. See the Illness/Immunization section in this booklet for information about when to call the doctor or 911.

Parts of this section have been adapted from the American Red Cross.

# 8: Resources

## Reading List

### General

*Seattle Baby Resource Guide*, by Kari Hazen

### Pregnancy and Childbirth

*What to Expect When You're Expecting*, by Arlene Eisenberg, Heidi Eisenberg Murkoff, and Sandee Eisenberg Hathaway

*Pregnancy, Childbirth, and the Newborn—A Complete Guide for Expectant Parents*, by Penny Simkin, Janet Whalley, and Ann Keppler

### Breastfeeding

*The Complete Book of Breastfeeding*, by Marvin Eiger and Sally Wendkos Olds

*The Nursing Mother's Companion*, by Kathleen Huggins

### Child Development/Child Care

*Touchpoints*, by T. Berry Brazelton, M.D.

*Infants and Mothers: Differences in Development*, by T. Berry Brazelton, M.D.

*What to Expect the First Year*, by Arlene Eisenberg, Heidi Eisenberg Murkoff, and Sandee Eisenberg Hathaway

*Your Baby and Child: From Birth to Age Five*, by Penelope Leach

*How Babies Talk*, by Roberta Michnick Golinkoff, Ph.D. and Kathy Hirsh-Pasek, Ph.D.

### Parenting

*Your Child's Self Esteem*, by Dorothy Corkille Briggs

*The Six Stages of Parenthood*, by Ellen Galinsky

*Raising Self-reliant Children in a Self-indulgent World*, by Stephen Glenn and Jane Nelson

*Positive Discipline*, by Jane Nelson

*The Working Parents' Survival Guide*, by Sally Wendkos Olds

*The Father's Almanac*, by S. Adam Sullivan

### Siblings

*Siblings without Rivalry*, by Adele Faber and Elaine Mazlich

*The New Baby*, by Fred Rogers and Barry Head

### Miscellaneous

*The Premature Baby Book: A Parent's Guide to Coping and Caring in the First Years*, by Helen Harrison

*The Sleep Book for Tired Parents*, by Rebecca Huntley

*Having Twins*, by Elizabeth Noble

*Postpartum Depression and Anxiety: A Self-help Guide for Mothers*, by Pacific Postpartum Support Society

*When Hello Means Goodbye: A guide for parents whose child dies before, at, or shortly after birth*, by Pat Schwiebert and Paul Kirk



## Northwest Hospital Resources

- Childbirth Education . . . . . (206) 368-1784
- Automated Physician Referral Line . . . (206) 633-4636
- Northwest Hospital Financial Counselor (206) 368-1780
- Northwest Hospital Case Manager/  
Social Services . . . . . (206) 368-1304
- Northwest Medical Supply:  
breast pumps, supplies . . . . . (206) 365-2277

*Baby's primary care provider*

*Mom's primary care provider or OB/GYN*

## Community Resources

### Emergencies

- Crisis Line (24-hour help for emotional problems)
  - King County . . . . . (206) 461-3222
  - Snohomish County . . . . . (425) 258-4357
- Emergency Medical Services System . . . . . 911
- Poison Control Center
  - Seattle . . . . . (206) 526-2121
  - Toll-free . . . . . (800) 732-6985

## Parenting

### Parenting Your Infant

- Northwest Hospital ..... (206) 368-1784  
Children's Home Society Positive  
Parenting Education ..... (206) 695-3200  
Children's Hospital Family Resource Center .. (206) 987-2201  
Children's Hospital Parent/Child  
Resource Line ..... (206) 987-2500  
Compassionate Friends: for bereaved parents (206) 241-1139  
Family Services of King County ..... (206) 826-3050  
LaLeche League:  
breastfeeding information and support ..... (206) 522-1336  
North Seattle Family of Multiples ..... (206) 297-2628  
Pregnancy Care: assistance with baby food, clothing,  
furniture, housing, and counseling ..... (206) 296-4765  
Program for Early Parent Support (PEPS)  
King County ..... (206) 547-8570  
Volunteers of America Parent Resource Line .. (425) 258-4213

## Childcare

- Day Care Referral Line  
King County ..... (206) 329-5544  
Snohomish County ..... (425) 258-4213  
Dept. of Human Resources Financial Aid  
for Child Care ..... (206) 386-1050  
Washington State Childcare Resource/  
Referral Network ..... (800) 446-1114

## Records

- Birth Certificate Information ..... (360) 236-4300  
Birth Records ..... (206) 296-4769

## Health and Safety

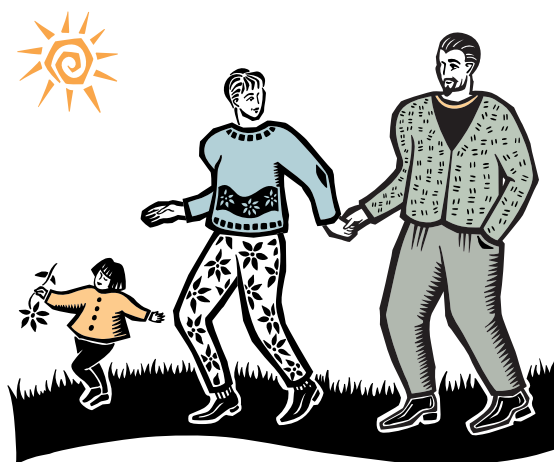
- Car Seat Information ..... (800) BUCKL-UP  
Depression After Delivery ..... (206) 283-9278  
Northwest Medical Supply:  
breast pumps, supplies ..... (206) 365-2277  
MED-INFO, Northwest Hospital's  
automated physician referral line ..... (206) 633-4636  
Public Health Nurse: prenatal, postpartum visits  
Seattle/King County Dept. Public Health .. (206) 296-4765  
Snohomish County ..... (425) 775-3522  
Sudden Infant Death Foundation  
of Washington (King County) ..... (206) 548-9290  
Washington State Healthy Mothers  
Healthy Babies ..... (800)322-2588

### Washington Poison Center

- Seattle ..... (206) 526-2121  
Toll-free ..... (800) 732-6985  
Women, Infants, and Children Nutrition Program: nutrition  
education, food supplements for children and pregnant and  
breastfeeding women  
King County ..... (206) 296-4786  
Snohomish County ..... (425) 252-6491

## Websites

- Adoption resources ..... <http://www.adopting.org>  
Adoptive Friends & Family  
of Greater Seattle ... <http://www.fastfocus.com/affgs/home.asp>  
Baby Names ..... <http://www.parenthood.com>  
Boot Camp for New Dads ..... <http://newdads.com>  
Childbirth.Org ..... <http://childbirth.org>  
Family.com ..... <http://family.go.com>  
La Leche League ..... <http://www.lalecheleague.org>  
National Highway Traffic Safety Association  
(car seat info) ..... <http://www.nhtsa.dot.gov/>  
National Safe Kids Campaign ..... <http://www.safekids.org/>  
NORTHWEST HOSPITAL ... <http://www.northwestbabies.org>  
ParentsPlace.com ..... <http://www.parentsplace.com>  
SafeKids.org ..... <http://safekids.org>  
Safety Belt Safe U.S.A. .... <http://carseat.org>





1550 N. 115th Street

Seattle, WA 98133

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