

Prenatal and Breastfeeding Education



KootenaiHealth

208.625.4000 | kh.org/birthing

This is an exciting time for you and your family.

We appreciate that you have chosen our care providers to be a part of this journey with you. We look forward to supporting you during your pregnancy, birth and beyond.

Kootenai Health's Family Birth Center is a place where all staff are committed to improving health one patient at a time in a friendly and professional culture committed to superior quality and safety. Kootenai Health has earned and maintained the Baby Friendly designation, which is the highest standard of care for mothers and babies. We are dedicated to improving infant health through breastfeeding and other maternal-infant care practices. As part of our commitment to our Baby Friendly designation, expectant mothers and fathers receive education and encouragement by certified nurse midwives, physicians, nurses and support staff before, during and after childbirth. We pride ourselves in providing the highest quality medical care in a supportive, comfortable and safe environment.

As you and your family prepare for the birth of your baby, we know the importance of providing education on the upcoming changes. Studies show that the more education you receive in your pregnancy the more empowered and confident you will be during your birth experience and beyond. This book is one way to help prepare you for this exciting new chapter.

This tool provides information and resources about what to expect during your pregnancy and provides detailed information about breastfeeding. Each section provides useful resources and tips to help you feel informed and prepared.

We encourage you to ask questions and discuss the content with your health care provider during your visit.

**We wish you good health
and a safe delivery!**

**Congratulations
on the news of your
pregnancy!**

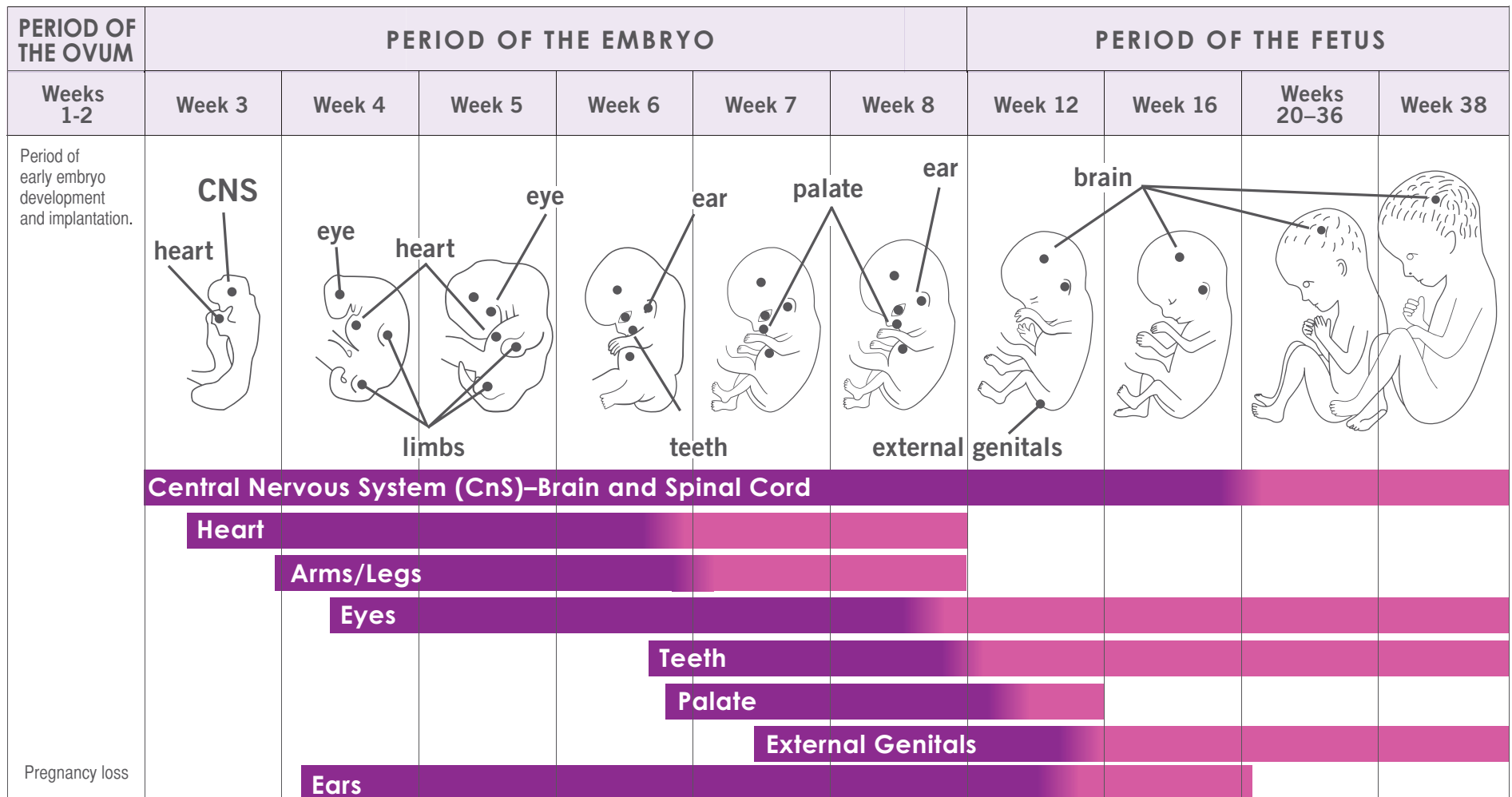


Fetal Development Chart



This chart shows vulnerability of the fetus to defects throughout 38 weeks of pregnancy.*

• = Most common site of birth defects



Period of development when major defects in bodily structure can occur.

Period of development when major functional defects and minor structural defects can occur.

Adapted from Moore, 1993 and the National Organization on Fetal Alcohol Syndrome (NOFAS) 2009

*This fetal chart shows the 38 weeks of pregnancy. Since it is difficult to know exactly when conception occurs, health care providers calculate a woman's due date 40 weeks from the start of her last menstrual cycle.

Prenatal Education Week 8:

What to Expect as Your Body Begins to Change

► Breast tenderness and an increase in breast size

Changes are common beginning at four to six weeks gestation and are due to your body preparing cells to make milk. You may need to purchase new bras with good support. Let your provider know if you have had breast surgery or if you have flat/inverted nipples.

► Nausea/vomiting

“Morning sickness” is due to hormone changes in pregnancy. Usually nausea peaks at 9-11 weeks and usually improves around 12-14 weeks.

To help ease your symptoms:

- Try small, frequent meals (every two hours).
- Increase rest.
- Sip small amounts of liquid at a time.
- Avoid foods that are fatty, greasy or spicy.
- Eat before bed and before getting out of bed in the morning.
- Use “Sea Bands” on wrists.
- Take ginger (fresh, capsule, tea or soda).
- Take Vitamin B6 (25 mg, three to four times a day).
- Take doxylamine, also called Unisom (½ tablet three times a day).

► When to call your provider:

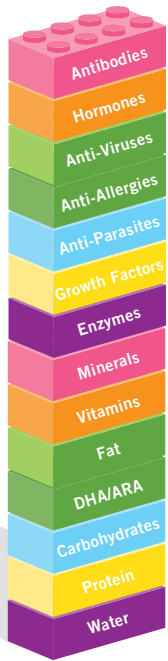
If you have a concern, don't hesitate to call.

Please call right away if you have:

- Heavy bleeding
- Severe cramping or back pain
- Signs of bladder infection (urinary frequency, urgency, burning)

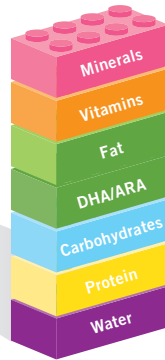


Breastfeeding Education Week 8: Exploring Options for Your Baby



Breastmilk contains:

- Antibodies
- Hormones
- Anti-viruses
- Anti-allergies
- Anti-parasites
- Growth factors
- Enzymes
- Minerals
- Vitamins
- Fat
- DHA/ARA
- Carbohydrates
- Protein
- Water



Formula contains:

- Minerals
- Vitamins
- Fat
- Carbohydrates
- Protein
- Water

Financial considerations – the financial impact of breastfeeding

With the money you save by breastfeeding you could buy:

- A baby stroller in one month
- A month of groceries in six weeks
- A digital camera in two months
- A new home computer in five months
- A new living room furniture set in six months

Favorite pregnancy tracking apps:

- The Bump
- Ovia Pregnancy Tracker

Breastfeeding \$avings



In one month

A baby stroller



In two months

A digital camera



In six weeks

One month of groceries



In five months

A new home computer



In six months

New living room furniture

Prenatal Education Week 12:

Exercise and Nutrition During Pregnancy

Starting your exercise regimen

If you weren't working out before pregnancy start slow with walking and light weights and increase as able. If you have been working out you may continue your regimen with modifications, as needed.

During exercise:

- Drink plenty of water and ensure you don't get overheated.
- A good rule is that you should be able to talk during your workout.
- No impact sports. This includes basketball, skiing, snowboarding, tubing or anything that could cause trauma to the abdomen.

Create a nutrition plan

Log on to [MyPlate.gov](https://www.myplate.gov) to customize a personalized eating plan during pregnancy.



Weight Gain Recommendations for Women Pregnant with One Baby

If before pregnancy, you were:	You should gain:
Underweight – BMI less than 18.5	28-40 lbs
Normal Weight – BMI 18.5-24.9	25-35 lbs
Overweight – BMI 25-29.9	15-25 lbs
Obese – BMI greater than or equal to 30	11-20 lbs

cdc.gov





Breastfeeding Education Week 12: Breastfeeding Myths

► Breastfeeding is painful

When baby is latched correctly, breastfeeding is a pleasant, bonding experience. Be sure to enroll in a breastfeeding class and work with your doctor, certified nurse midwife or lactation consultant after birth to learn techniques.

► I can't breastfeed if I plan to work

Many employers are supportive of new mothers and breastfeeding. Talk with your employer and colleagues about pumping support before maternity leave and make a plan. Providing breast milk for your baby helps prevent illnesses, a common issue for young children, especially in daycare.

► My mother and grandmother didn't breastfeed, so I shouldn't either

We know so much more now than we did before. Breast milk provides natural antibodies that help babies resist illnesses and it is more easily digested. The American Academy of Pediatrics recommends breast milk as the best nutrition for infants.

► Breastfeeding leaves out other family members

Feeding is not the only way to bond with a new baby. Find ways to include your partner with skin to skin time and let visitors and family members help with household chores such as preparing meals or holding baby while you rest.

► It will embarrass me

Breastfeeding is a new experience but one that is very rewarding. If you are concerned about modesty, shop for double layer breastfeeding shirts to help you stay covered. Talk to other breastfeeding moms for ideas and support.

► It will be a bother, I won't have time

Breastmilk is always available and ready for use.

► I can't use birth control

There are many options for birth control during breastfeeding. Please talk with your provider.



Prenatal Education Week 16: Common Body Aches and Pain

► Back Pain

Back pain during pregnancy is common due to the pregnancy hormones progesterone and relaxin increasing in the body. These hormones soften ligaments and joints for labor. Additionally, as your uterus grows, your center of gravity and posture shifts.

How to help:

- Pelvic tilt against wall or on hands and knees (cat/cow).
- Wear a pregnancy support belt.

► Constipation

Constipation is common due to the progesterone hormone that slows the movement of the bowels.

How to help:

- Increase hydration (drink two liters of water a day).
- Increase high fiber foods such as beans, almonds, broccoli, peas, avocado, blackberries or add fiber supplement.
- Increase in physical activity/exercise.

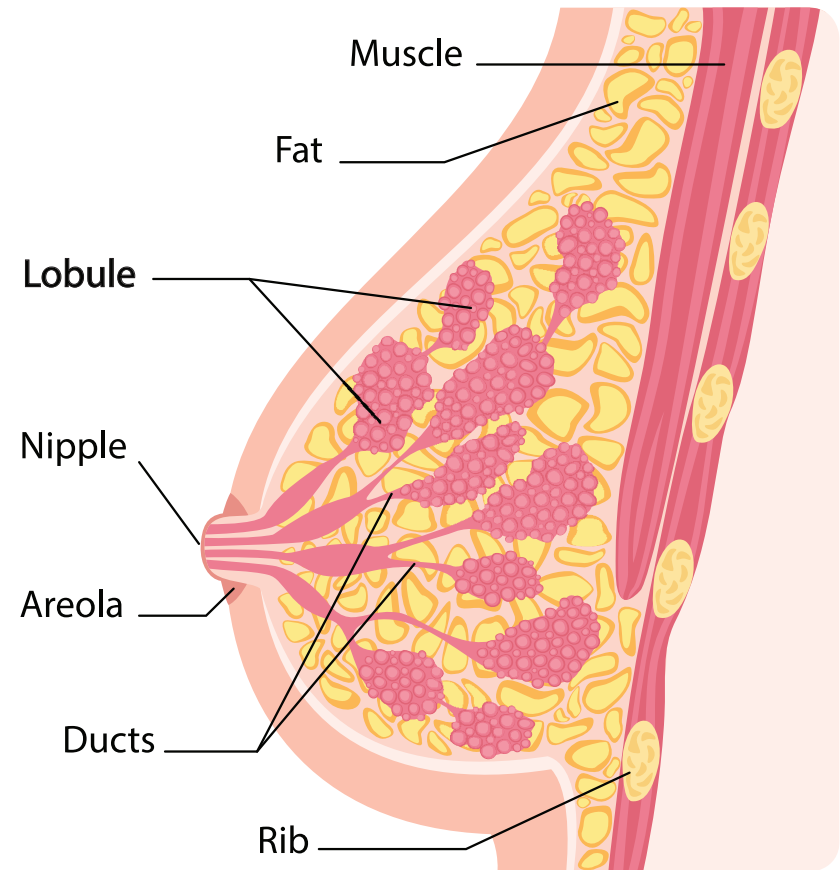


Breastfeeding Education Week 16: Breast Changes

► Early Changes

Breast changes begin early in pregnancy. You can expect:

- Breasts will grow larger and are more tender.
- Nipples and areola tissue darken in color.
- Bumps on areola tissue (called Montgomery Glands) will enlarge.
- Leaking colostrum (mother's first milk) is common.



Colostrum = Mommy Medication



Prenatal Education Week 20: Common Body Changes

► Hemorrhoids

Hemorrhoids are common during pregnancy and are when blood vessels swell in lower rectum. They can be internal or external and may result from straining during bowel movements or increased pressure on veins during pregnancy. Symptoms include itching, burning and bleeding from the anus.

How to help:

- Eat more foods high in fiber.
- Increase hydration to keep stools soft and to decrease straining.
- Exercise regularly.
- Use topical creams such as Preparation H or Anusol or a hydrocortisone cream.
- Try hemorrhoid-specific suppositories.

► Varicose veins

Varicose veins are large swollen veins that often appear on the legs and feet. In pregnancy your blood volume increases and your uterus puts pressure on the large vein on the right side of your body which increases pressure in your leg veins.

How to help:

- Try a maternity support belt to take pressure off legs and vaginal area.
- Maintain good hydration.
- Try periods of rest with feet elevated above the level of your heart.
- Use compression stockings (put on before getting out of bed in the morning).
- Note, if your varicose veins appear red, hot or swollen, notify your provider.





Breastfeeding Education Week 20: Breast Milk Facts

► Fun facts:

- Your first milk is called colostrum. It contains calcium, potassium, proteins, important vitamins and antibodies that help protect newborns. Colostrum seals your baby's digestive system to help keep him or her healthy.
- Between days three and five more mature milk will start to come in.
- Breast milk stays in a baby's stomach from 1.5 to 2.5 hours which is why breastfed babies eat so often.

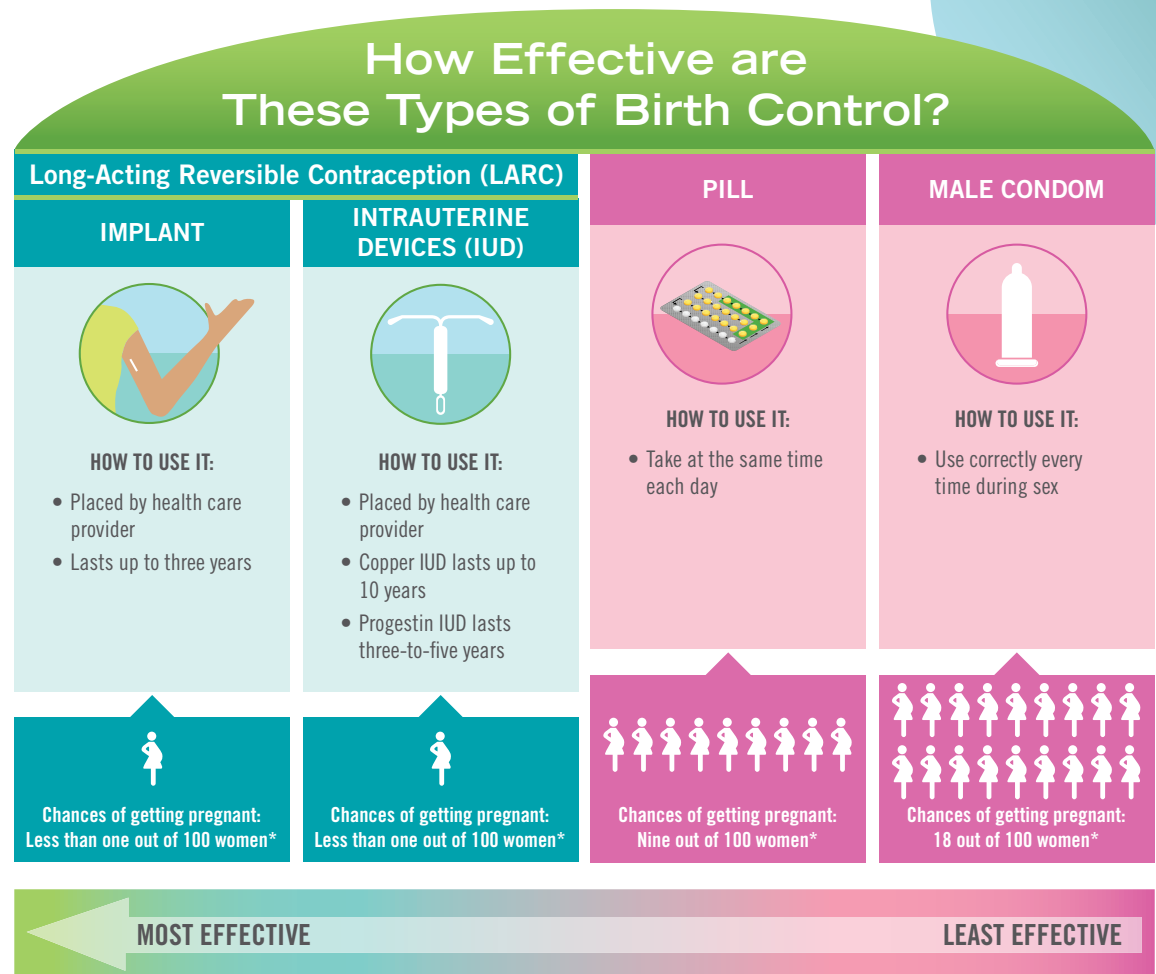


Prenatal Education Week 24: Birth Control Options

After delivery, you will want to talk to your provider about contraceptive options. The chart below shows the available methods and levels of effectiveness. If you are breastfeeding, you will not be able to use contraceptives that contain estrogen because it can decrease your milk supply. While breastfeeding you will want to use progestin-only or non-hormonal methods.

► Breastfeeding-friendly contraceptives

- Intrauterine Device
 - Mirena, five years (progestin only)
 - Paraguard, 10 years (non-hormonal copper)
 - Skyla, three years (progestin only)
- Implant
 - Arm implant, three years (progestin only)
- “Mini-Pill”
 - Birth control pill (progestin only)
Note: must be taken every day at the same time
- Barrier methods
 - Condoms or diaphragms
- Natural Family Planning or LAM (lactational amenorrhea method)
 - Rhythm and cycle planning
- Depo-provera
 - Injection, every three months
- Tubal ligation
 - Surgical procedure



Condoms should always be used along with the preferred birth control to protect against sexually transmitted diseases.

* Number of pregnancies per 100 women using the method within first year of typical use.

Source: Trussell J., Contraception, May 2011 via www.cdc.gov



Breastfeeding Education Week 24: Breastfeeding Facts

Fun Facts

- In the first few days, all your baby needs is a few teaspoons of breast milk at each feeding.
- Between days three and five your “second milk” will start to come in. You may notice fuller breasts, filled with more milk.
- The breastfeeding relationship is both about providing nutrition, as well as bonding with your new child.
- The first few days together are about learning the basics, we call it the “breastfeeding dance.”
- Breastfeeding helps to establish the “microbiome” within your child’s digestive system. This leads to a healthier gut and overall good health.
- Skilled providers, nurses, lactation consultants and certified nurse midwives can help you learn techniques to ensure success.



Prenatal Education Week 28: Safety in the Womb

► Fetal movement

Starting at the third trimester (28 weeks), mothers should be aware of the baby's normal movement patterns. Normal fetal movement is between five to 10 movements every two hours.

If you are feeling decreased or different fetal movement we recommend the following:

- Lay down on your left side with one hand on your belly and monitor fetal movement.
- If you are still not feeling any fetal movement, drink something cold. We suggest ice cold water or juice. After drinking, lie down on your left side with one hand on your belly and monitor fetal movement.

If you still feel like your fetal movement is decreased after one to two hours, please call your provider for further evaluation.

► Whooping cough vaccine

Outbreaks of whooping cough are happening across the United States. This disease can cause your baby to have coughing fits, gasp for air and turn blue from lack of oxygen. When you get your whooping cough vaccine (also called Tdap) during your third trimester you'll pass antibodies to your baby. This will help keep him or her protected during the first few months of life.

To learn more visit: [cdc.gov](https://www.cdc.gov)





Breastfeeding Education Week 28: Benefits of Breastfeeding

► Enjoying Breastfeeding

Some of the benefits enjoyed by breastfeeding mothers and their babies:

- Helps mother and baby avoid many health problems. Children NOT exclusively breastfed are more likely to suffer from ear infections, diabetes, obesity, leukemia and asthma.
- Breast milk is nature's perfect food for babies, especially premature babies.
- It is free.
- Breastfeeding shrinks the mother's uterus to protect against heavy bleeding after delivery.
- Breastfeeding burns 500 calories per day.
- Sustainable and keeps our environment clean.
- Antibodies from breast milk help prevent illness. Less illness may reduce the number of doctor appointments, the need for antibiotics and time off to care for sick children.
- Once breastfeeding is established, it can be easy.
- Breastfeeding increases feelings of confidence and bonding.
- Mothers will learn to trust their body.
- The longer you breastfeed, the greater the benefits for you and baby.

Prenatal Education Week 30:

Pain Control During Labor

► Coping with the pain of labor

How to prepare for labor:

- Regular exercise can give you more strength during labor.
- Childbirth classes can help you understand labor and delivery and decrease fear, which can decrease pain.
- A birth coach or doula who is trained to support you can help.

During early labor (irregular contractions but becoming more frequent)

- Walk and move your body to help with pain and to move baby into a good position.
- Drink plenty of fluids and eat snacks.
- Take a warm shower or bath.

During active labor (six centimeters and more, contractions three to five minutes apart)

- Find your rhythm
 - During labor you will go back and forth between resting (in between the contractions) and movements to help cope with pain during the contraction. Each person has their own rhythm that works.
 - Rest between contractions by being still or by rocking gently.
 - Focus on your natural breathing. Thinking about breathing relaxes you.
 - Change positions often.
 - Don't be afraid to make noise. You might moan, hum, or repeat comforting words over and over as you go through each contraction.
 - Believe you can do it. You can!
 - Remember why you are doing this. Your baby will be here soon!

Your support team can help:

- Helping you find your rhythm and supporting you.
- Massage or applying counter pressure.
- Offer sips of fluids, ice chips, water, or juice.
- Assist with position changes.
- Help with music play list.
- Put a cold washcloth on your forehead or heat to low back.

The most common pain medications are narcotics and epidural anesthesia. Talk to your health care provider about your options.

IV Narcotics (ex: fentanyl, stadol)

- Advantages:
 - Works fast (two to 10 minutes)
 - Help you to relax and be more comfortable
 - Doesn't slow labor
- Disadvantages:
 - Works for 20 to 60 minutes
 - May cause nausea
 - Feel “sleepy” or “out of it”
 - May make baby sleepy making it difficult for baby to breathe right after birth or slower to breastfeed
 - Does not completely take away pain

Epidural

- Epidural anesthesia during labor is a regional anesthesia that blocks pain and numbs your body mid-waist and below. A needle is used to place a small, flexible catheter into a space near the spinal cord in your low back. Medication is then used to block feeling. The benefit to epidural medication is it will not cause you to feel “out of it” and it does not slow labor. Please note, you will not be able to get out of bed once an epidural is in place but the nurses will help you with frequent position changes. Since you will not be able to get out of bed, a bladder catheter will be placed.

Breastfeeding Education Week 30: Finding Help

► Start Preparing

- Start your education now. Attend one of the childbirth classes available at Kootenai Health. To learn about class offerings, visit us online at kh.org. To register, call (208) 625-6050.
- Register with Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This program offers many types of support for women, infants and children.
- Find parenting, breastfeeding and support groups on social media.
- Call your insurance provider for information on outpatient lactation coverage, how to order a breast pump, and how to get a prescription for one from your provider.
- Kootenai Health's postpartum support group "Mommy and Me: A New Social Hour" is a free and welcoming group for all mothers regardless of how they choose to feed their baby.
- If you want advice over the phone, call La Leche League International at 1-877-452-5324
- Some of our favorite websites include: kellymom.com and mothershavenidaho.com

Making Milk is Easy! 10 Steps to Make Plenty of Milk

1 Feed with breast milk frequently. Feeding frequently helps your body make more milk. Formula is filling and may make your baby feel too full to nurse frequently.

2 The American Academy of Pediatrics and the American Academy of Family Physicians both recommend that babies have a diet of purely breast milk for the first six months whenever possible. After six months of age, you may introduce solids in addition to breastfeeding for a year or more.

3

Begin nursing as soon as possible following childbirth. If your baby is awake, sucking on hands, moving his or her mouth or eyes, or stretching, it may be time to feed.

4

Listen for swallowing. Be aware of your baby's swallowing, it will help you know if he or she is actually receiving enough milk. It is normal for most babies to lose 7-10 percent of their body weight prior to nursing regularly. Weigh your baby about two days after you go home. As you are able to nurse more regularly, watch for baby to have at least three stools a day.

5

Try to avoid pacifiers and bottles. Even nursing for comfort can help you make more milk, so try to avoid other sucking tools to soothe your newborn.

6

Sleep near your baby and nurse lying down. You can rest while you feed your baby! There are several lying-down positions to practice.

7

Help your baby open its mouth wide, with lips flipped out. It's best if the tip of your nipple is close to the back of your baby's throat. Have your baby face you directly. Using proper positioning and techniques can help prevent sore nipples.

8

Feed your baby when he or she is ready. Each infant will nurse at different paces and time intervals, do your best to feed your baby when he or she is hungry, and switch sides if your baby unlatches or when swallowing slows down.

9

Get out of the house. Take your infant as many places as possible during your first several weeks. Use a small blanket to nurse discreetly. Once you're able to introduce a bottle of breast milk to your baby (several weeks following birth), and someone else can feed him or her, you can start leaving your baby behind for outings.

10

Ask for assistance. Breastfeeding, like any skill, requires patience and education. Schedule an appointment with a lactation consultant, or talk with your doctor if you have questions or concerns.

Prenatal Education Week 32:

Preterm Labor vs. False Labor (Braxton-Hicks Contractions)

False labor

A premature or preterm baby is any baby born before 37 weeks of pregnancy. About one out of 10 pregnant women will have a premature baby. In our area, and especially among women who see certified nurse midwives, this number is much, much lower.

Our bodies prepare for labor in the form of pelvic pressure, cramping and practice contractions, especially in the last month of pregnancy.

Braxton-Hicks Contractions (or practice contractions) are normal during pregnancy. They usually start at the beginning of the third trimester (28 weeks). Some women are very aware of when practice contractions begin; other women do not notice any contractions until normal labor begins. Practice contractions are generally mild, irregularly-spaced and do not come with leaking fluid or a change in discharge. You may notice increased pelvic pressure off and on throughout pregnancy, which is normal as baby settles lower into the pelvis.

Signs of preterm labor may include:

- Regular contractions (five or more in an hour)
- Painful contractions
- “Bloody show” a pink or red mucous discharge
- Increased pelvic pressure
- Leaking amniotic fluid

You should call our office day or night if:

- You are having contractions every 10-15 minutes (or four to six times in one hour) for over an hour even after lying down, resting and drinking one liter (four glasses) of water.
- Contractions may feel like a coming-and-going low backache, menstrual or period cramps or a tight feeling all over your belly.
- You think you might be leaking fluid, even if only a little bit.
- You have “bloody show” without any recent intercourse or vaginal exam.
- You are concerned or have questions.



Breastfeeding Education Week 32: Skin-to-Skin Contact

► Bonding with baby

Skin-to-skin contact is when your baby is placed belly down (diaper on) directly on your chest any time after birth. This helps baby better regulate temperature, breathing and blood sugar. This is a wonderful bonding opportunity that is relaxing for mom and baby and helps enhance bonding. This closeness will help you get to know your baby and be more able respond to their needs.

Skin-to-skin helps mom and baby by:

- Promoting weight gain and helping baby self-soothe more easily.
- Increasing oxytocin secretions to help the uterus contract and shrink to normal size. Oxytocin secretion also helps your milk “let down”.
- Lengthening exclusive breastfeeding time.

To see skin-to-skin contact in action, view “Breastfeeding in the First Hour,” by Jane Morton, M.D., online at med.stanford.edu





Prenatal Education Week 34: After Your Birth

► Medications

After delivery your baby will be provided medications to prevent disease and infection:

- Hepatitis B vaccine
- Erythromycin eye ointment
 - This is to protect against an infection that can be in the vagina and passed to the eyes of the infant.
- Vitamin K
 - This vitamin helps prevent bleeding and bleeding problems. We naturally consume Vitamin K in our diet but babies won't have enough of this essential vitamin until eight weeks of life.

► Choosing a pediatrician

After going home, your baby will need a primary care provider for regular check-ups. You may want to call and set up interviews with local providers to find a good fit.

There are a number of pediatric-specific practices as well as family practice providers who care for children in our area.

Breastfeeding Education Week 34: Baby Friendly

► A Baby-friendly hospital

Kootenai Health is one of more than 500 Baby-Friendly hospitals in the United States. The Baby-Friendly Hospital Initiative is a global program that promotes, protects and supports exclusive breastfeeding and the health of mothers and babies. The goal of Baby-Friendly hospitals is to provide all mothers the information, confidence, and skills necessary to successfully breastfeed. Our care teams are specially trained to be Consultants (IBCLC) or Certified Lactation Educators (CLE) who are available on-site daily to help new mothers establish breastfeeding. To help you on your journey, your baby will “room in” with you until discharge and fathers and other loved ones are able to use special fabric “Moby” wraps while walking with baby. To learn more about our Baby-Friendly designation, visit kh.org/birthing.

► Family Birth Center tours

Book your hospital tour by visiting kh.org/family-birth-center/tour



Prenatal Education Week 36: Protecting Yourself and Baby

► Group B strep testing

As part of your prenatal care you will be tested for Group B Strep (GBS) sometime between 35 and 37 weeks of pregnancy. GBS is a common type of bacteria that can be found in a woman's vagina or rectum. GBS can be passed on to babies during childbirth, and that's dangerous for them. The test is an easy swab of the vagina and rectum. If you test negative, you don't need to do anything more.

If you test positive:

- Talk with your doctor about a plan for your labor.
- You will get IV antibiotics (medicine through the vein) during labor. This will help keep your baby safe from GBS.
- Make sure to tell your doctor or midwife about any allergic reactions you have had. If you are allergic to penicillin, other antibiotics can be used during labor.
- Continue your regular check-ups, and always call your doctor or midwife if you have any problems.

When your water breaks or when you go into labor:

- Go to the hospital. The antibiotics work best if you get them at least four hours before you deliver.
- Tell the labor and delivery staff that you are GBS positive.
- Tell the labor and delivery staff if you are allergic to penicillin.

Reference: cdc.gov, Centers for Disease Control and Prevention



Breastfeeding Education Week 36: Your Health Care Support Team

► Create a village

After birth, it is important to create a network of support for both you and your new baby. Your support team at Kootenai Health includes your certified nurse midwife or provider, your nurse, lactation consultant, WIC staff member and the Kootenai Health postpartum support group.

We encourage all our new mothers to schedule an outpatient visit with our lactation team to help continue your breastfeeding journey. We encourage you to call your insurance provider to understand how many visits you may be eligible for through your benefits.

After you are discharged, please call your provider if you notice:

- Discoloration of breast
- Fever
- Pain in breast
- Firm areas in breast (plugged ducts)
- Flu-like symptoms (mastitis)

These issues may need to be assessed by your provider to prevent infection or ongoing issues.

► Video resources:

- Search YouTube for breastfeeding examples
- Stanford University:
 - “A Perfect Latch”
 - “ABCs of Breastfeeding”



Prenatal Education Week 37: Signs of Labor

► Where do you go if you think it is labor?

If you think you are in labor you should go to **Kootenai Health's North Entrance**. After 8 p.m. you can continue to enter from the north by pressing the intercom by the door to the left of the main doors.

Please note: Expectant mothers **do not** need to enter through the Emergency Department/South Entrance unless there is an emergency.

► When do you go to the hospital?

Go to the hospital and/or call us if any of the following are happening:

- You think you may be leaking fluid.
- You have not been feeling your baby move and have tried to stimulate movement.
- You are having regular contractions which are coming every three to five minutes, lasting one minute long and have been going on for at least an hour.
- You have bleeding.

► Breaking water

If you think your water has broken, you can expect your provider to ask you the following. Think COAT:

- Color
- Odor
- Amount
- Time

LET BABY SET THE DELIVERY DATE

Babies need at least **39 weeks** to grow before they are born.



39 weeks? But I'm ready to deliver now!

Between 37 and 39 weeks, the baby goes through critical development of the



Brain



Lungs



Liver



Your baby's brain at 35 weeks weighs only **2/3** of what it will weigh at 39 to 40 weeks.

Adapted from material developed by the March of Dimes

Babies born before 39 weeks have a **20% greater risk** of complications than babies born later, including problems with:



Breathing



Temperature



Feeding

Elective delivery prior to 39 weeks increases the mom's risk of:



Postpartum depression



Stronger and more frequent contractions



Need for a cesarean delivery

Learn more at <http://www.nichd.nih.gov/wait39weeks>

March 2014

Breastfeeding Education Week 37: Eating Patterns

► How do you know baby is getting enough to eat?

Monitor diapers:

- Baby is getting enough milk if:
 - He or she is producing three stools every 24 hours and has four or more wet diapers each day after day three of life
 - By end of day five, stools are yellow and baby has four or more wet diapers every 24 hours
- Be aware that stools change in first week.
 - First is meconium (black and sticky). Stools will then transition to a green/liquid and then to a mustard yellow when your milk volume increases.

Monitor weight gain:

- Aim for weight gain of five to seven ounces each week for first four months, four to five ounces per week for four to six months and two to four ounces per week for six to twelve months.

► Establish a routine:

- Recommend breastfeeding eight to twelve times or more every 24 hours. Please be aware it is normal for your newborn to lose some weight at birth. He or she should be back to birth weight by two weeks.
- Between day three and five your breasts will become fuller as your milk comes in. If breasts become engorged, practice hand expression to soften breasts to help baby latch.
- Cluster feeding is normal, listen for swallows to know your baby is drinking.

If you think you have low milk supply, call Kootenai Health lactation services or your provider.



Prenatal Education Week 38: Taking Baby Home

► Safe Sleep

To help protect your baby from Sudden Infant Death Syndrome (SIDS) your baby should be put to sleep in their own crib, with a firm mattress, no crib bumpers, no blankets or stuffed animals. Swaddle your baby or use a sleep sack instead of loose blankets around your baby. Remember the ABCs of safe sleep.

- Alone
- Back
- Crib

► Safety Tips

Do:

- Always put your baby to sleep on his or her back.
- For breastfed infants, pacifier introduction should be delayed until breastfeeding is firmly established. Infants who are not breastfed can begin pacifier use as soon as desired.
- Try swaddling your child.
- Have him or her sleep in a crib in your room.
- Make sure the crib mattress is firm and tight-fitting.

Don't:

- Put blankets or toys in her crib.
- Smoke while pregnant, and don't allow anyone to smoke around your infant.
- Put your baby to sleep on his or her side.
- Share your bed with your baby.
- Overdress your child or put his crib near a heat source.

► Resources

The Inland Northwest SIDS Foundation was created to help educate parents and caregivers on safe sleep. They offer free safe sleep classes for the community. To learn more, log on to inwsids.org or call (208) 557-4371.

► When to call your pediatrician or family practice physician:

- Baby has a fever-temperature greater than 100.4.
- Baby is going longer than four hours without eating.
- Baby is not waking to eat or has an orange hue to their skin.
- Baby is not having bowel movements.





Breastfeeding Education Week 38: Making Decisions

► Breast milk facts:

- Breastfeeding is a personal choice for each mother and baby. Educate yourself so you are making an informed decision on how to feed your baby.
- Decide on your goal of how long you want to breastfeed. It is okay to be flexible or to change your mind. Some breast milk is better than no breast milk.
- Breast milk is the perfect infant food. Experts say that healthy babies do not need water, sugar water, gripe water, infant formula or cereal.
- Exclusive breastfeeding for the first six months is considered the “gold standard.”
- In many parts of the world, women breastfeed their children for several years.
- Your milk is ready on your baby's birthday. When your baby breastfeeds within the first “golden hour” of life, you will make three times more milk, three times sooner.





Prenatal Education Week 39: Emotions and Stress in Pregnancy and Postpartum

Pregnancy is a time of significant changes to both body and mind. Pregnancy hormones may make you feel overjoyed one minute and ready to cry the next. It is important to remember that feeling depressed, overly anxious or hopeless is not normal. Some worry or anxiety is normal and is meant to help women prepare for their new addition. In the same way that having some anxiety the night before a test helps most people study harder, a little worrying during pregnancy helps families plan for the changes that come with a new baby.

Please note: If you feel like your emotions are controlling your life, instead of helping you prepare, please let us know. There are ways we can help.

► Ideas to decrease your stress or worries:

- **Breathing**

Stop what you are doing, close your eyes and count slowly to ten. Breathe slowly and deeply while focusing on the numbers. Try to use the numbers to stop yourself from thinking about anything else.

- **Guided imagery for sleep**

Picture water coming on shore, like small waves at the lake or the tide of the ocean. You are lying on the beach and the warm water gently washes up over your feet with the same timing as your slow, deep breaths. The water very slowly washes upward. Each time it touches your feet your body melts and disappears, just like the smooth sand left after the water recedes. Repeat breathing slowly and picturing the soft waves. Your feet gradually disappear, then your lower legs, then your knees, continuing ever so slowly up your body. You are so relaxed, your body is so still, that you cannot even see it in your mind anymore.

- **Aromatherapy**

Use lavender, vanilla, mint or chamomile to help you relax. Lavender room spray is very calming for bedtime or in labor, chamomile tea is safe and calming also. You can bring a spray, oils, lotion, battery-operated candles, etc. to the hospital if you would like.

- **Walk**

Take a walk after dinner to clear your mind and stretch your muscles before bed.

- **Write it down**

Write down a “to-do” list next to your bed if you are having trouble turning your mind off at bedtime.

- **Ask your provider**

Ask about herbal or vitamin supplements made for sleep, stress or depression, they may not be safe for pregnancy.

Breastfeeding Education Week 39: Having Your Baby At Kootenai Health

The employees at Kootenai Health are privileged to be a part of your birth experience. Our mission is to support and serve you to the best of our ability. After your arrival, we recommend speaking with nursing staff about your goals for your delivery.

► Golden hour

As a Baby-Friendly hospital, you can expect immediate skin-to-skin contact when both baby and mother are healthy and doing well. Please note, mothers and babies are able to have skin-to-skin contact after cesarean section birth as well if both are stable. Baby will remain skin-to-skin until the initial breastfeeding is completed. If separated from baby, you will learn to hand express your breasts during the “golden hour” and after. If separation continues, you will be set up with a hospital-grade breast pump to help your milk “let down”.

► Rooming in

Plan to “room in” (stay in the same room) with your baby unless there is a medical reason for baby to go to the Neonatal Intensive Care Unit (NICU). We encourage you to arrange for someone to stay with to help while you are in the hospital.

► Breastfeeding

Your breastfeeding relationship begins at birth. Kootenai Health’s nurses are specially trained to work with you to develop your breastfeeding skills and learn your baby’s hunger cues. Additionally, our lactation team will visit with you before you are discharged and can schedule an outpatient lactation visit to ensure success. We recommend feeding baby eight to twelve times in 24 hours, waking baby if necessary. If you are choosing formula, a lactation team member and nurse will teach you about formula preparation, paced bottle feeding, appropriate volumes to feed baby and milk suppression strategies.



Prenatal Education Week 40: Parenting Roles

During pregnancy many women are picturing what their expanded family will be like. Whether you are expecting your first baby or your fifth, adding a new person to the family will change many parts of your daily life. This is a great time to discuss with your partner what you each expect when it comes to baby care, household responsibilities and working outside of the home. It may help you feel at ease by discussing and writing down household tasks and responsibilities prior to baby's arrival.

► Things to think about:

- Childcare and help with the new baby
 - Who is going to watch baby while you are at work or when you need to go to an appointment or meeting alone?
 - Who is going to watch baby for “date nights”?
- If mom is working outside of the home:
 - How long is mom going to take off of work for maternity leave? Is that time paid or unpaid?
- If dad is working outside of the home:
 - How long is dad going to take off of work for paternity leave? Is that time paid or unpaid?
- If you will be a single mother or the primary parent:
 - Who will be available to help you care for yourself and baby during the first few weeks after the birth?
- For any parent:
 - Who are some responsible family members or friends you can call to watch baby if you need a break, or in case of emergencies?



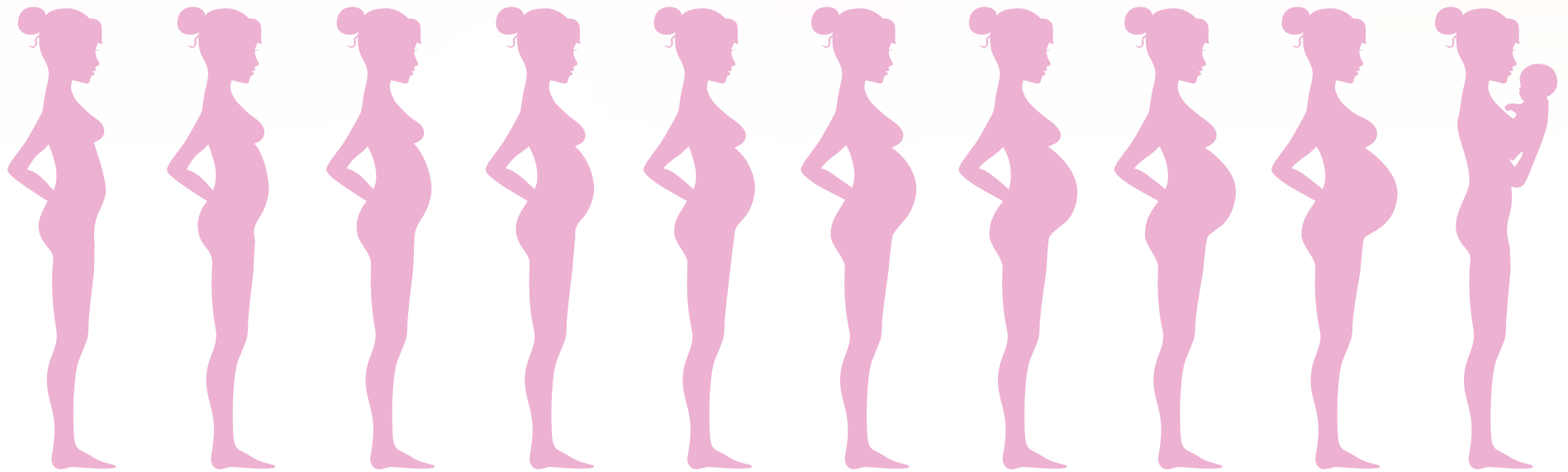
Breastfeeding Education Week 40: The Exciting New Chapter

Pregnancy and birth is such an exciting time in a woman's life. Please know that from pregnancy, birth and beyond there are individuals committed to help and support you.

► Important tips during this busy time:

- Create a support network to call upon after you have your baby.
- Ask our lactation specialists to help you learn proper latch techniques when they visit you after birth. Be sure to schedule an outpatient lactation visit to help ensure ongoing success.
- Follow up with your WIC office to make sure you have access to available resources.
- Even if you use formula feeding, skin-to-skin time is an important bonding experience.
- Take time to take care of yourself.





First Trimester

Second Trimester

Third Trimester

Birth

Certifications and Designations:

Baby Friendly:



Kootenai Health is designated as “Baby-Friendly.” Becoming a Baby-Friendly facility is a comprehensive, detailed journey toward excellence that includes providing evidence-based maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding.

Safe Sleep Certified:



Kootenai Health is designated with “Safe Sleep Certification”. This designation is proof that Kootenai Health demonstrates a commitment to reducing infant Sleep-Related Deaths by promoting best safe sleep practices and by educating on infant sleep safety.



Family Birth Center

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