

You're in there. You're out here!



Childbirth Education Program



Now what? Join an online community that thinks like you do. It's like finding a friend who has what you need before you know you need it. **Where we grow together.**





Over the past several decades, we have devoted ourselves to understanding babies...how they grow and change, how they think and feel and what they need. At Pampers, this unique expertise inspires us to make products for every stage of your baby's development.

To help you begin to make connections with your baby before birth, we present this booklet, specially developed for you by the child health and development experts of the Pampers Parenting Network.



The information in this booklet was developed by the Pampers Parenting Network. PPN's expert advisory board consists of a diverse group of respected maternal/child health care professionals, renowned for their expertise in health, development, behavior and family well-being.



Your Adventure Is Just Beginning!

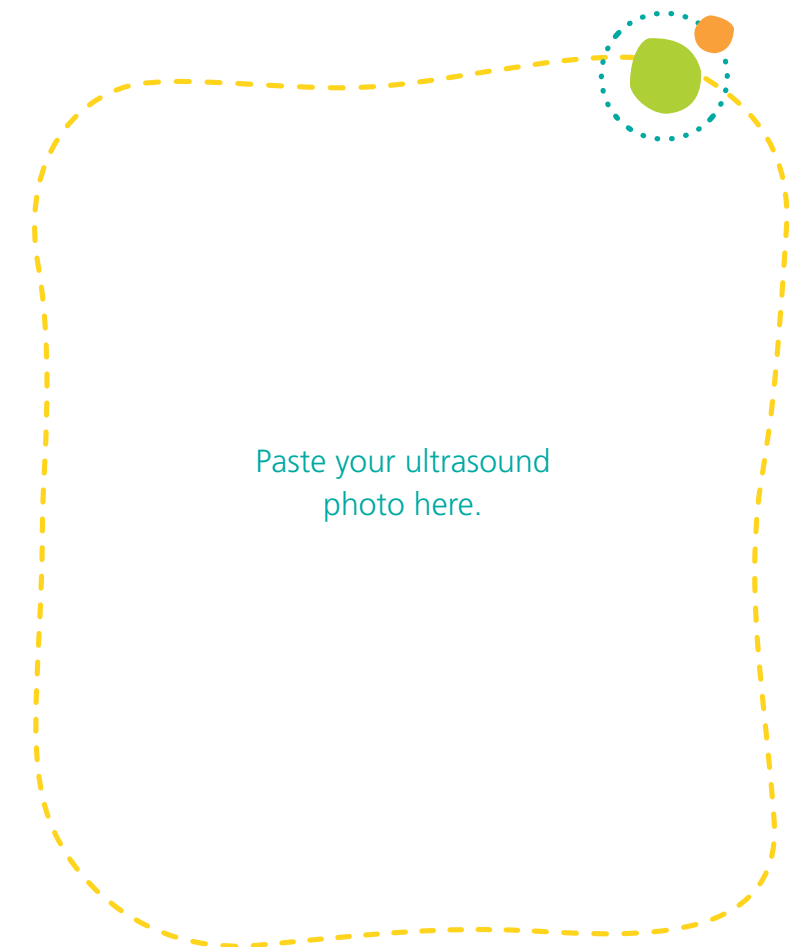
Congratulations, Mom-to-Be!

Being a parent is one of life's greatest adventures! Your body and life are about to change in a lot of big ways.

This guide has been developed for expecting moms by childcare and health care professionals at the Pampers Parenting Network. Inside you'll find information that complements your childbirth education course. There's also space for you to write down notes and record your thoughts as you experience more changes in your body. A lot of moms like to keep this book after their baby is born to remember what was happening and how they felt during their pregnancy.

You can always refer to Pampers.com and the Pampers Parenting Network as an informational resource to learn about every stage of your baby's development, from newborns to potty trainers.

Your Friends at Pampers



Paste your ultrasound photo here.

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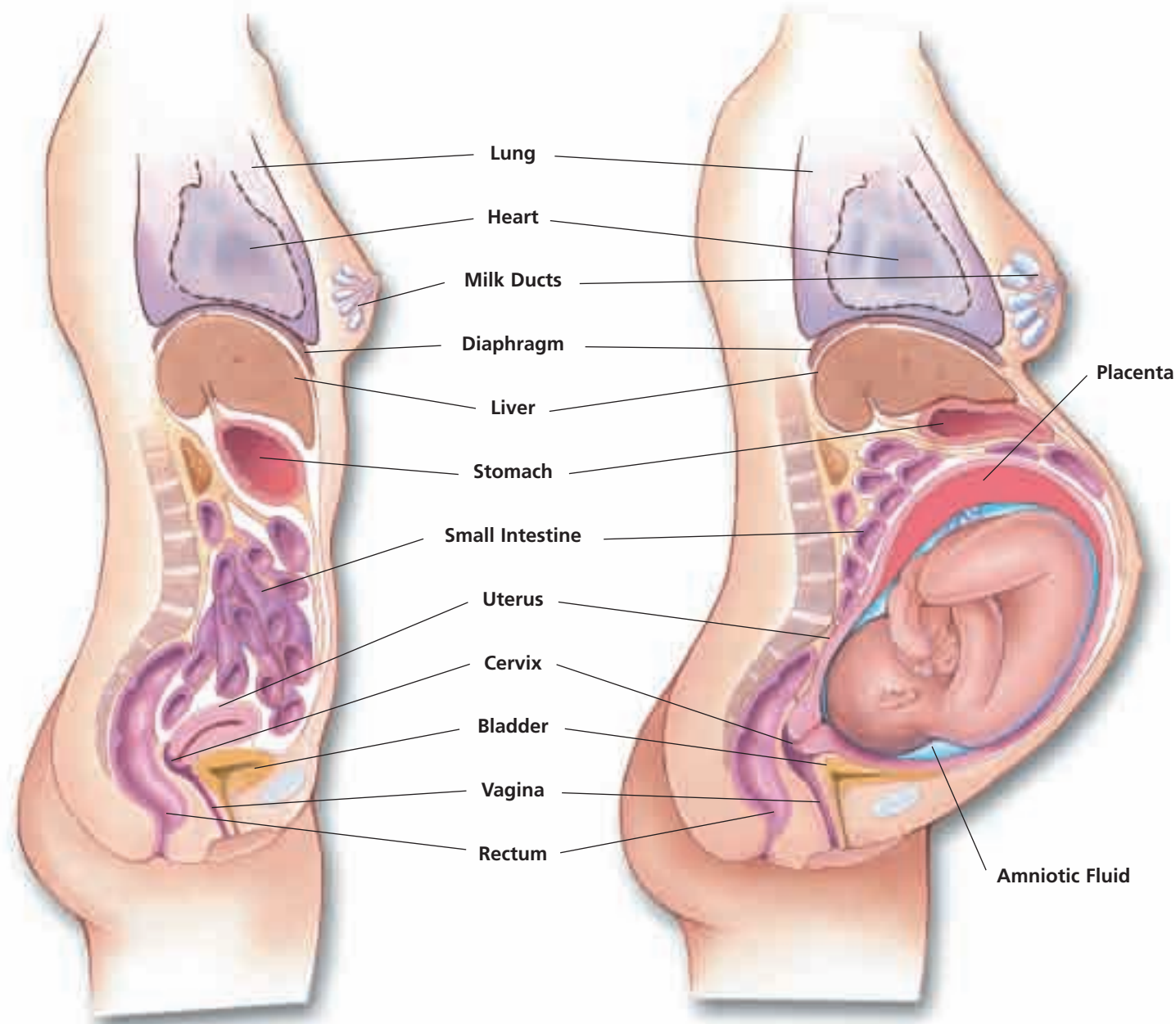
Pregnancy

How your body changes

As your pregnancy progresses, your body's internal organs adjust to accommodate your growing baby. The illustrations below show how your body makes these adjustments in late pregnancy. The following page describes some of the changes you may experience.

Did You Know?

Common heartburn triggers include tomatoes, vinegar, mint, citrus fruits and chocolate.



Common physical changes

Shortness of breath

Your growing uterus puts pressure on some of your internal organs and your diaphragm (the muscle that helps you breathe). As a result, your lungs do not have as much room to expand. Some measures that may help are:

- Sleep on your left side. Avoid lying on your back.
- Wear loose, comfortable clothing – nothing that feels tight around your waist or chest.
- Report any severe or recurring shortness of breath to your health care provider.

Swelling

During pregnancy, you have more blood and other fluids in your body. In addition, your growing uterus puts pressure on some large blood vessels. As a result, some swelling is common, particularly in your feet and hands. Here are a few preventive measures:

- Rest on your left side several times during the day.
- Elevate your feet and legs slightly when lying down or sitting.
- Eat a well-balanced diet and drink plenty of water.
- Avoid clothing that fits tightly on the legs, thighs, hips and groin.
- Report to your health care provider any severe swelling in your legs, face or hands that isn't relieved by resting and elevating your feet.

Parenting Tip Pediatrian Prenatal Interview

Schedule a prenatal interview with your selected pediatrian before your baby arrives. Invite your partner to come along, too.

Bring a list of any questions and concerns. Common questions include office hours, what to do in an emergency, which hospital(s) your pediatrian works with and how soon after birth your baby should come in for a checkup. Be sure the doctor's services are covered by your health plan and ask about payment options.

Pediatrian's Name _____

Phone # _____

Frequent urination

As your baby grows, your bladder has less room to expand. Even a small amount of urine in your bladder may give you the urge to go. Many women also find that a cough, sneeze or laugh can cause a small amount of urine to leak out. Here are some suggestions that might help:

- Plan frequent trips to the bathroom. Don't wait until the urge is intense.
- Use Kegel exercises to strengthen the muscles that support your bladder and urethra.
- Contact your health care provider if you experience intense urgency, burning, pain or bleeding with urination.

Heartburn

With pressure from a growing uterus, it is not unusual to have some stomach contents pushed upward into the esophagus. This causes a burning sensation. In addition, digestion can be slower in pregnancy. Food stays in the stomach longer, increasing the chances of heartburn. Some suggestions:

- Try eating more frequent, smaller meals.
- Do not eat right before going to bed.
- Talk with your health care provider before taking any over-the-counter heartburn medications.

Skin, hair and nail changes

Your skin, hair and nails may change during pregnancy due to hormones. Some women's skin will glow during pregnancy, while others' skin can fluctuate from oily to dry. Hair can become thicker, but may grow in areas where there usually isn't any. Nails can grow quicker, but sometimes they become brittle. These changes only last the duration of the pregnancy. Some suggestions that may help:

- For oily skin, stay away from cleansers, makeup and moisturizers containing salicylic acid.
- Remove unwanted hair as you would regularly: tweezing, waxing and shaving.
- Enjoy the glow and luxurious head of hair!

New healthy habits

Pregnancy is inspiration and motivation to create a healthier lifestyle. You can continue new healthy practices beyond pregnancy. Here are some ways to improve your and your baby's health:

- Quit smoking.
- Get regular exercise.
- Manage preexisting health problems, such as diabetes (Types I and II), better.

Pregnancy

Positive positions

As your baby grows and the size and shape of your abdomen changes, so does your center of gravity. The positions and mechanics shown below can help you be more comfortable and promote safety. They are designed to minimize the strain on your leg and back muscles.



Getting up



Sitting cross-legged



Bending and lifting



Pelvic tilt – spine straight



Pelvic tilt – spine arched



Sleeping position – left side

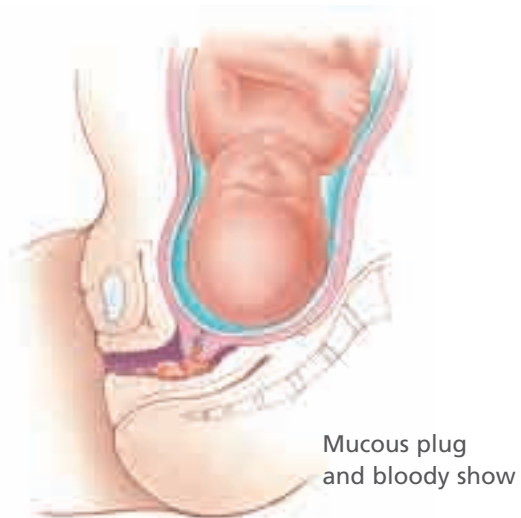
Other ways to increase comfort _____

Labor and Birth

Signs of labor

The mucous plug (also called "bloody show")

During pregnancy, thick mucus fills the opening of the cervix. As the cervix changes shape in preparation for labor, this mucus is released. It may appear tinged with blood. This can happen moments or days before labor begins.



Mucous plug and bloody show

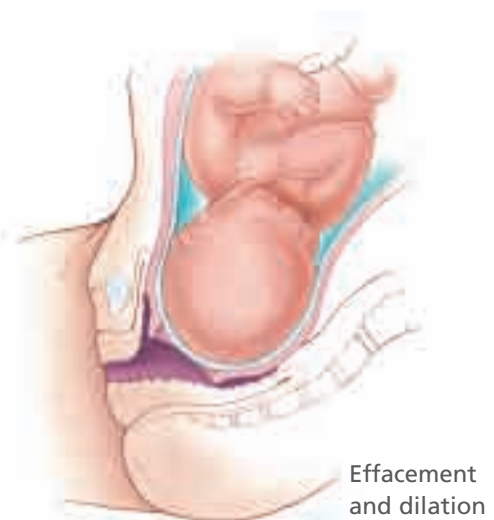
Contractions and "false labor"

The muscle fibers of the uterus can contract or shorten, making the uterus feel hard. Your uterus uses contractions to do the work of labor. Braxton-Hicks contractions are the tightening of the uterine muscles that occurs throughout pregnancy. In late pregnancy they can feel intense and be mistaken for labor contractions.

Then they are called "false labor." These contractions are usually irregular, have no predictable pattern, and go away if you change activity. Before 37 weeks of pregnancy, notify your health care provider if you feel five or more contractions in an hour

Effacement and dilation

First, prostaglandins and other hormones soften your cervix, preparing it for labor. Then, during the first-stage of labor, contractions efface (thin) and dilate (open) the cervix. Your health care provider can tell if there are changes to your cervix by doing a pelvic exam.

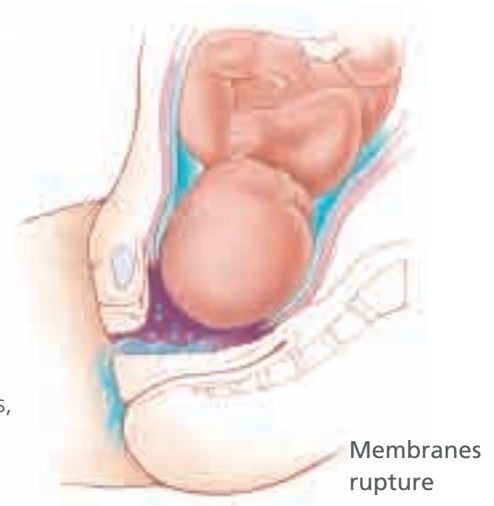


Effacement and dilation

No changes to cervix 0% effaced

Cervix is half its normal length 50% effaced

Cervix is completely thinned out 100% effaced



Membranes rupture

Rupture of the membranes

The sac that your baby has been growing in is filled with amniotic fluid. This fluid acts as a protective shock absorber and maintains a constant temperature and environment for your baby. The sac can rupture at the onset of labor, or at any time during labor. Sometimes, health care providers will break the membrane during labor or birth. If your sac breaks or starts leaking before you arrive at the hospital, call your health care provider.

The first stage of labor

Here is an overview of the process of labor. Because each labor is different, your experience will have its own pace and rhythm.

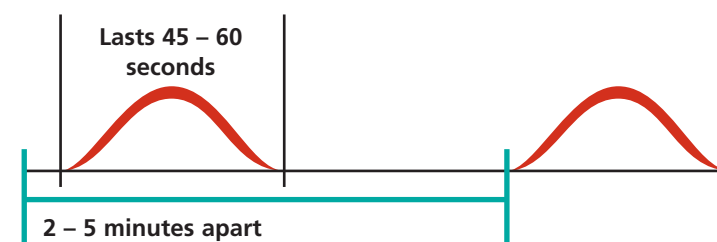
Early labor

This is usually the longest phase. However, contractions are usually mild and tend to last less than a minute with five or more minutes between contractions. These contractions thin and begin to open the cervix. You can usually maintain normal activities during this time. If you are tired, be sure to rest. It may take hours for labor to get well established. You can time your contractions to track their pattern. Most health care providers recommend that first-time mothers go to the hospital when their contractions have been five minutes apart for one hour.



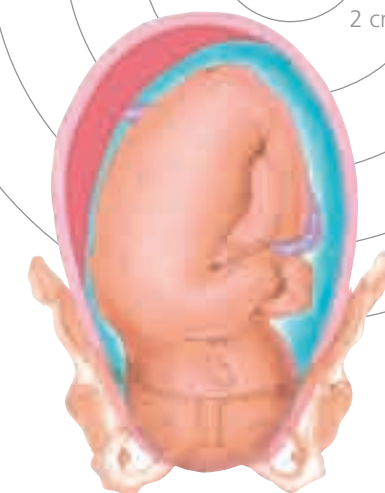
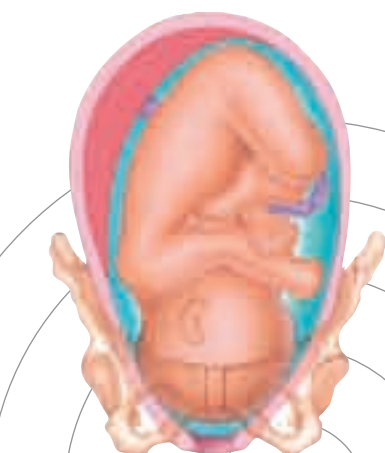
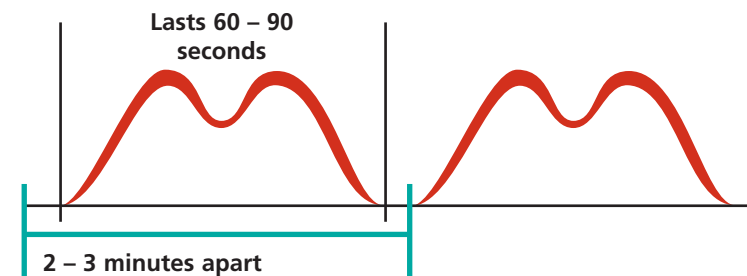
Active labor

During this phase, the cervix dilates from four to seven centimeters. You will be actively involved in the work of labor. Contractions grow progressively stronger and longer during this time, lasting 45 to 60 seconds or more and coming every two to five minutes.



Transition

This is usually the hardest phase of first-stage labor, but often the shortest. This phase completes the dilation of the cervix to 10 centimeters. Contractions are very intense, lasting 60 to 90 seconds and occurring as close as every two to three minutes.



2 cm
4 cm
6 cm
8 cm
10 cm

Circles show actual diameter in centimeters

Contractions

Labor and Birth

Positions for labor

You can use position and movement to help your labor progress and keep yourself more comfortable. There are many positions you can choose from. It often helps to change positions frequently. You, your support person and health care provider will work together to find the positions that work best for you. Here are pictures of some positions to try. Your childbirth instructor will explain them and others such as laboring in the shower, a jacuzzi tub, sitting in a rocking chair, sitting cross-legged in bed and lying on your side.

Positions I like best

Additional suggestions for comfort

You can also use relaxation and breathing techniques to increase your comfort. Your instructor will explain techniques you can try. Practice them and decide which work best for you. You will be able to use relaxation techniques now and after your baby is born.

The techniques that work best for me

Sample record of contractions

Starting time	Ending time	Time since beginning of last contraction

Number to call if I have questions about my contractions

Day phone

Night phone



Chair sitting



Walking



Birthing ball

Role of the labor partner

Your labor partner can help in many ways during labor. Here are just a few suggestions:

- Provide ice chips to keep you hydrated when you can't eat or drink during labor.
- Offer a cool washcloth. Offer a warm pack.
- Provide massage, back rubs or counterpressure.
- Make eye contact to help you maintain focus.
- Breathe with you to help keep your breathing steady and rhythmic.

I would like my labor partner to

Remember in labor

- Change positions regularly.
- Urinate often.
- Use relaxation techniques.



Leaning forward on chair



Standing with support



Standing hug

Parenting Tip Create a Birthing Plan

You and your partner can't predict everything that will arise during the labor and delivery of your baby, but creating a birthing plan can help you think through your options in advance.

Birthing plans are designed to enhance your comfort and well-being. They allow you to make thoughtful decisions on topics like hospital environment, stages of labor, your medical options and the immediate care of your newborn.

Share your plan with your partner, health care provider and the hospital staff to ensure that your preferences are understood. Pack a copy in your hospital bag so you're sure to have it during the birth!

Labor and Birth

The second stage of labor

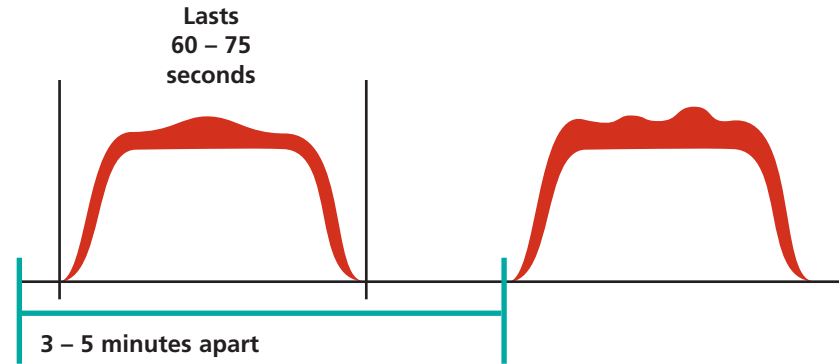
Birth

The second stage starts when the cervix is fully dilated and ends with the birth of your baby. During this stage, the urge to push or bear down usually increases as the baby's head moves down the vagina (birth canal) and puts pressure on the pelvic floor. Your pushes will help your baby be born. Pushing efforts are most effective when you follow your natural urge to bear down and relax when the urge subsides.

Your health care providers will give you direction if a specific pushing position or technique is needed.



Birth



My health care provider usually suggests the following positions for birth

Positions for pushing

There are many positions that can be used for pushing in the second stage. Some use gravity to help the baby move down. Others widen the pelvic outlet or help the baby rotate into a better position. You, your support person and your health care providers can work to find the best position(s) for you. Some of the possible pushing positions are shown below. Others (not shown) include: squatting using a squat bar, sitting on a birthing chair, using a hanging squat supported from behind by your labor partner and using stirrups or foot rests on a delivery bed or table.



Hands and knees



"C" position



Supported squat



Side-lying

Labor and Birth

The third stage of labor

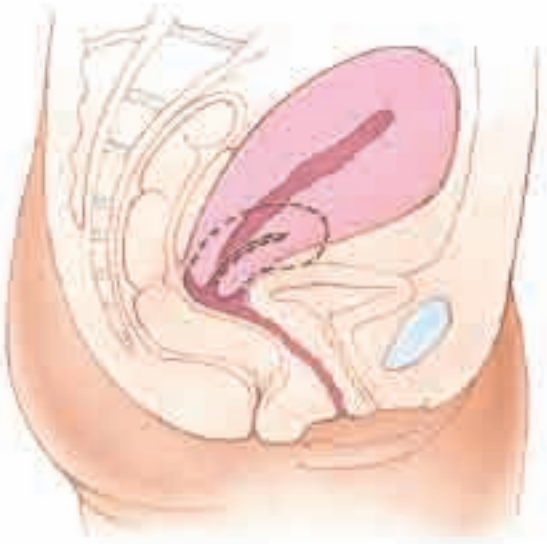
Delivery of the placenta

The third stage begins after the baby is born and ends with the delivery of the placenta. It is usually the shortest stage of labor. Often it takes only a few contractions for the placenta to separate from the wall of the uterus and be expelled.

After the placenta is delivered, the uterus uses contractions in the process of shrinking back to its pre-pregnancy size. You may be aware of these contractions, which feel like menstrual cramps, during the first couple of days after giving birth.



Placenta



Involution of the uterus

The fourth stage of labor

This is the first hour or so after the baby is born. During this time your body begins the process of returning to a non-pregnant state. Also at this time, your health care provider will stitch an episiotomy or any tears that need repairing.

The process of labor creates a special state of alertness for the baby that lasts for about an hour. You can use this time to touch, talk to and interact with your baby. Lowering the lights and delaying putting medicine in his eyes will make it easier for him to keep his eyes open and see you. This is also the time to start breastfeeding.

Did You Know?
Ol' Blue Eyes

Once your baby is born and has been exposed to natural sunlight, the pigments in the iris finalize his eye color. It could take up to a year for your baby's permanent eye color to develop.

In order to spend time with my baby right after birth, I would like my care providers to:

Cesarean birth

When a vaginal birth is not possible or may pose risks for mother or baby, the baby is born by cesarean. Once the decision is made, preparation for surgery often moves rapidly. Most of the time, epidural or spinal anesthesia is used, allowing the mother to be awake during the birth. In almost all cases a labor partner can also be present. Very rarely, general anesthesia is used, meaning the mother is asleep for the delivery.

Seeing and holding the baby

Once the cesarean begins, it only takes a few minutes for the baby to be born through an incision in the mother's lower abdomen. Then it usually takes around 45 minutes to complete the operation. Often, after the baby has been checked and wrapped in a blanket, the mother can see and touch her baby. Breastfeeding can be started after she has moved to the recovery room or her own room.

Recovery following cesarean birth

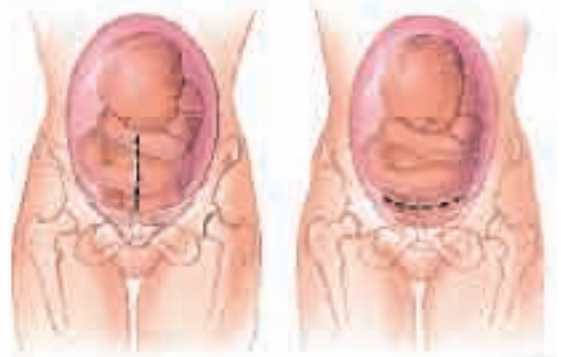
Pain relievers are given after a cesarean so a mother is comfortable and can move around and recover more quickly. In addition, a nurse can provide tips on how to splint the incision, get out of bed more easily and hold the baby for feedings.

If you have a cesarean birth, be sure to ask your health care provider any questions you have about your labor or the operation. In addition, find out what kind of incision was made on your uterus and how this affects future births. You should talk to your health care provider about whether it will be possible to have a vaginal birth after having had a cesarean birth.



Cesarean birth

Uterine incisions



Vertical

Low transverse

Breastfeeding

Best for baby

Breast milk is the ideal food for babies. It has just the right nutrients and is easily digested for the best brain and body growth. Colostrum, the first fluid your breasts make for your baby, contains many elements that help the baby's intestines get ready to digest milk.

The many special nutrients in breast milk benefit babies from the newborn stage well into childhood. Breastfed babies develop sharp vision earlier than formula-fed babies, and are at lower risk for Sudden Infant Death Syndrome (SIDS). They have fewer infections such as earaches and diarrhea, and less likelihood of food allergies.

Best for mom

Breastfeeding also has health benefits for the mother. It helps your body recover more quickly from pregnancy and childbirth.

Although breast milk is best, using formula is another good choice. Infant formulas are designed to meet your baby's nutritional needs, and your baby will do just fine.

Breastfeeding is convenient and pleasurable

It is easier, cheaper and much less work than bottle feeding once you get started. You don't need a special diet and you don't have to give up going out. It can be done modestly and can be adjusted to any schedule, even if you work or go to school.

Breastfeeding stimulates the brain to release endorphins, special hormones that make both mother and baby feel cozy and relaxed. Many mothers describe a special closeness or bond they feel with their baby from this pleasurable experience.



1. Rooting reflex – mouth open wide



2. Latching on – nose and chin will touch breast



3. Latched on – nipple and some darker tissue inside baby's mouth

4. Baby releases breast when full or ready to change sides



Discreet breastfeeding



Cradle hold



Clutch (football) hold



Side-lying hold

Breastfeeding tips

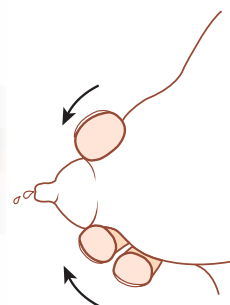
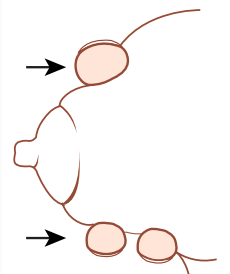
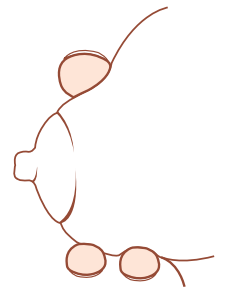
- The sooner you breastfeed after birth, the better. If possible, in the first hours after birth, keep your baby near your breast so breastfeeding can begin when your baby is ready.
- The amount of milk your body produces depends upon how much the baby nurses. If he needs more milk, he'll nurse more and you'll make more milk.
- Avoid any water or formula for at least the first two weeks to get nursing well established.
- Nurse as often as your baby wants, any time he seems hungry. Newborns normally nurse between eight and 12 times in 24 hours. Sleeping through the night at this age is not good for a baby.
- Nurse on one breast for at least 10 minutes. If the baby is still hungry, offer the other breast. Alternate the starting breast. If you can't remember which one to start with, choose the breast that feels fuller and heavier.
- Breastfeeding should not be painful. If nursing hurts your nipples, the baby is not positioned properly or isn't latching on well. Be sure to get help right away if you are not able to reposition the baby and be comfortable. Your hospital nurse can help you. She and your childbirth instructor can also give you the names of other resources for help and support.

Your baby is getting enough milk if:

- He has at least six wet diapers when he's about four to five days old.
- He has four or more bowel movements when he's about four to five days old.
- He wakes up to nurse eight to 12 times in 24 hours.
- He is content after feedings.

Manually expressing breastmilk

You can collect and store milk for your baby to have when you're away from him at feeding time.



Your Newborn Baby

Newborns are wet, wrinkled and curled up when they first arrive. The moments after birth are a truly wonderful time as you watch your baby quickly begin to adapt to life outside the womb. Some babies respond loudly to this change in environment. Others look around quietly. Newborns are usually awake for the first hour or so after birth and are very ready to meet their new family.

As you hold and explore your new baby, you may notice things you did not expect. Newborns look quite different from babies you are used to seeing. Be sure to ask your health care provider or nurse about anything that concerns you.

Color

Babies have a grayish-blue color when they are first born. That usually goes away quickly as they begin breathing on their own and their circulation gets well established. Your baby's hands and feet may look somewhat pale or blue (cyanotic), especially when she is cold or crying, for the first day or two after birth.



Cyanotic hands and feet, clamped umbilical cord and puffy eyes



Did You Know?

Your newborn can see objects about eight to 10 inches away. That's about the same distance between your eyes and his when he's in your arms.

Head

Molding and bruising

At first your baby's head may show just how wonderfully it is made. The bones of the skull have not fused together, and they can overlap slightly. This helps your baby pass through your pelvis and results in the cone-shaped "molding." Within a few days your baby's head will be more rounded.

If forceps or a vacuum extractor were used, your baby's head may have some bruising. A vacuum extractor leaves a "cupcake"-like bruise or swelling on the top of the baby's head. These bruises may fade within hours but can take up to a few weeks to disappear.

Fontanels or soft spots

The fact that the skull bones are separate also allows for the rapid brain growth that occurs in the first year. Between the bones, there are two noticeable spaces that feel soft. One is on the top of the baby's head, and there is a smaller one at the back. Until these spaces are covered by solid bone, the brain is protected by a tough membrane. Even though there is protection for the brain during this time, it is important to still be gentle and take care to protect baby's head.

Puffy eyes

Your baby's eyes may look puffy. This is likely to have been caused by pressure on the head and face during birth. Later, medication placed in your baby's eyes may also cause some puffiness. This will disappear within a few days.

Skin

Vernix

You may notice some vernix on your baby's skin, especially in the folds. This white, cream cheese-like substance protected your baby's skin while in the uterus. Any vernix remaining after birth can be gently rubbed into the skin.

Lanugo

Some babies are born with fine, soft hair over large parts of their bodies. This lanugo is the first hair from your baby's hair follicles. It will fall out over the next few weeks.

Milia

Your baby's nose and face may have white, pimple-like bumps called milia. They are evidence of the healthy pores on your baby's skin. You do not need to squeeze or pick at them. They will disappear on their own.

Birthmarks

Many babies have red marks on the back of the neck or over the bridge of the nose. These little "stork bites" or salmon patches will fade over the first year or two.

Babies with darker skin pigmentation often have blue to gray patches. These most commonly appear over the lower back and buttocks. Although they may look like bruises, they are Mongolian spots. These fade and usually disappear completely within a few years.



Vernix



Milia



Mongolian spots

Umbilical cord

After birth, your baby's umbilical cord is clamped and cut, leaving a tiny stump. Over the next one to two weeks, the stump will dry, turn a dark color and fall off – leaving a nice "belly button." In the meantime, keep the stump clean and dry. If the stump turns bright red, looks inflamed or develops a bad odor, call your baby's health care provider. Until the stump falls off, protect your baby against irritation to this area by slightly folding down the front of the diaper before fastening the side tapes.

The genitals

A mother's hormones affect the genitals of her baby, causing some fullness or swelling. In addition, newborn girls may have some mucus discharge or some blood, like a menstrual period. These effects disappear within a few days.

Arms and legs

Your baby's posture will reflect how she was positioned in the uterus. Most babies have bowed legs, turned feet and curled-in arms. These positions become less obvious over time, but her legs won't really straighten out until she's walking.

Your Newborn Baby

Your baby's care in the hospital

As soon as your baby is born, the nurse and your baby's health care provider will be doing specific things to assess your baby's well-being. Be sure to ask them about anything that concerns you. Hold your newborn before, during and after all the tests if you can. Your touch will make even these little stresses go easier for your baby.

Apgar score

At one and five minutes after birth, newborns are assessed. Their heart rate, breathing, muscle tone, reflexes and skin color are evaluated. An Apgar score of seven or higher means the baby is doing well immediately after birth. A score of six or lower may mean the baby will need medical attention in the period after birth.

Eye medication

Your baby will have his eyes treated shortly after birth with an ointment or drops as required by state laws. This is to protect against possible infections he might have received passing through the birth canal.

Physical examinations

A nurse will examine, weigh and measure your baby. In addition, a doctor will give your baby a complete examination. During your stay, nurses will also be checking your baby's general health and how well he is feeding.

My due date is _____

I think the best thing about the birth will be _____

Some characteristics I imagine my baby will have are _____

My baby was born on _____

Weight _____ Height _____

The best thing about the birth was _____

When I saw my baby, I was amazed by _____



Shots

Soon after birth, your baby will get an injection of Vitamin K to improve blood clotting and prevent serious bleeding. Some hospitals give the first hepatitis immunization to all babies at birth. You will get an immunization card with this shot noted on it. Keep this in a safe place and bring it to all well-baby checkups.

Tests

In many hospitals, a sample of blood is taken from the baby's umbilical cord for blood typing or other testing. This is especially important if your blood type is Rh negative.

After the first day, your baby will have a blood test to check for certain inherited conditions that need treatment early in life. These need only a very small blood sample.

Many hospitals do a screening test of the baby's hearing. This test can be done at your bedside, even if the baby is sleeping.

Did You Know?

The average birth weight of a full-term infant is between six and eight pounds. Boys average three-and-a-half ounces more than girls.

Bringing your baby home

Once you are both at home, and if there are no special concerns, your baby and you will do best staying together, learning about each other and getting breastfeeding off to a good start.

Car seat safety

When it's time to leave the hospital, you'll need to have a car seat ready for the baby's ride home. Here are some things to remember:

- Always put your baby in a car seat when riding in a car.
- Make sure you install the car seat correctly according to the manufacturer's instructions. If you're unsure of how to install it, check with a local car dealership (many will install it for free) or the police.
- The safest place for your baby is in the middle of the back seat. Never put your baby in the front seat if your car has an air bag.
- Padding can be used for very small infants, but never put any padding between the car seat straps and your baby.
- Infant car seats are designed so that your baby faces backward.
- Keep your baby out of direct sunlight.
- Never leave your baby in the car alone – even for a minute.

Letting others help

The first weeks at home are likely to be challenging. Not only are you and your baby recovering from birth, you are getting to know each other and building a family. New parents sometimes feel overwhelmed and out of touch with the rest of the world. You can help ease the stress of this time by planning ahead to have some support.



1. Who will help you after you go home? _____

What will each person do? _____

What time of day will each person be available? _____

How soon will they be available? _____

How long will they be available? _____

2. Who will do the following? _____

Cooking _____

Laundry _____

Housecleaning _____

Grocery shopping _____

Home/yard maintenance _____

Bill paying _____

Feeding baby _____

Bathing baby _____

3. Who is a good listener and will want to hear your birth story? _____

4. Who can you contact for breastfeeding help? _____

5. Who can give you emotional support and reassurance of your ability to parent? _____

6. What responsibilities or commitments can you give up for awhile, or get help with, in order to maximize your time with your baby and minimize other demands on your time and energy? _____

7. When is the first visit with your baby's health care provider? _____

Your Newborn Baby

Caring for your new baby at home

Sleep

Newborn babies sleep between 16 and 20 hours a day. They usually sleep one and a half to three hours at a time and wake up hungry. Plan, whenever possible, to rest when your baby rests.

Sudden Infant Death Syndrome (SIDS), sometimes called “crib death,” is the sudden, unexplained death of a baby that happens while the baby is napping or asleep at night. It often strikes in the first four months of life. Here are some important guidelines to help reduce the risk of SIDS:

- You and everyone who takes care of your baby should put her to sleep on her back. To keep a newborn on her back, swaddle her in a blanket. Place her hands up near her mouth so she can comfort herself.
- Use a firm mattress in the crib or bassinet. Do not put fluffy blankets, comforters or a sheepskin under or over your baby. Remove any soft stuffed toys or pillows from the crib.
- Keep the room temperature at a level that feels comfortable for you. Don't overdress your baby at nighttime.
- Never let people smoke around your baby or in her room.
- When you and your baby are together and awake, be sure she spends time on her tummy. This will help strengthen her arms and shoulder muscles. Place her on the floor on a blanket or in a playpen with toys that interest her.

Dear Pampers,

I don't have a question. I have a personal “THANK YOU, PAMPERS” and all the people involved. I just got word that you are promoting the “Back to Sleep” program both on your diapers and in hospitals!

THANK YOU! THANK YOU! THANK YOU! THANK YOU!

I am a parent of a child that died because of SIDS. Maybe, if I'd had even an inkling that putting my baby daughter on her back could have lowered the risk of SIDS, I would have tried it. I know that it may not have made any difference in Renae's case. HOWEVER, maybe this will help lower the risk exposure a little.

We have four other children. I have used Pampers with all of them, and will gladly pass this along to other moms and dads.

THANK YOU, PAMPERS, for caring about families!!!

Sincerely,
Sandy Colby

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Fever

A rectal temperature above 100.4°F (38°C) may indicate a fever in an infant 3 months old or younger. If your infant has a fever, contact your child's doctor or health care provider right away.

Normal body temperature is a range, not a specific value, and varies day by day. Talk with your pediatrician or pediatric nurse practitioner regarding how to take a temperature in a newborn, and what type of thermometer to use. Below are normal temperature ranges based on where the temperature was taken:

Rectal	97.9°F – 100.4°F
Ear	96.4°F – 100.4°F
Axillary (Under the arm)	97.1°F – 99.1°F

Practice taking your child's temperature when she is well, so you can become familiar with her normal temperature range with your thermometer. This can then be compared to a reading when your baby is not well.

Comfort and crying

When your baby cries, first see if he is hungry or wet. If these needs are taken care of and he's still crying, start at the top of the list below and then add one thing at a time. Wait several seconds to a minute or more before adding the next step. In trying different things, you and your baby will both learn how he is best comforted.

- Show him your face
- Talk to him
- Put your hand on his abdomen
- Gently contain his arms and legs
- Swaddle him loosely
- Hold him
- Rock him
- Offer him something to suck
- Offer him a feeding

If after going through the list, your baby is still crying, settle him in his bed. Sometimes nothing you can do helps and he may need to cry for a few minutes before falling asleep. If he hasn't quieted after five minutes or so, try going through the list again.

It's hard to have your baby cry and not be able to stop the crying, yet this is part of parenting an infant. If you feel tense and upset because of your baby's crying, ask another adult to go through the comforting steps with your baby.

Diapering

It won't take you long to become an expert at diapering. Here are some tips to get you started:

- Have everything you need close at hand.
- Never leave your baby alone on a changing table.
- Remove the soiled diaper and clean the area with a baby wipe or a washcloth dampened with warm water.
- Choose a baby wipe with gentle ingredients to help condition baby's soft, sensitive skin.
- Wipe from front to back.
- Cover a baby boy's penis with a diaper or burp cloth to prevent getting sprayed if he urinates mid-change.
- If needed, or if your baby seems prone to diaper rash, use diaper ointment or petroleum jelly to help provide a protective barrier. Avoid baby powder, which may be harmful if your baby inhales it.
- Try talking or singing to your baby if she fusses during diaper changes.

Bathing

Most parents start out giving their baby a sponge bath. For a newborn, sponge-bathing two to three times a week is enough, as long as you keep the diaper area well-cleaned and wash your baby's hands and face several times a day. Here are some sponge-bathing tips:

- Lay your baby on a soft, flat surface (on top of a clean towel works well). Have a basin of warm water and a sponge or washcloth handy.
- Always keep at least one hand on your baby, for safety.
- Keeping your baby warmly wrapped, expose one area at a time and gently wash it.
- Pat the area dry and start on the next area.
- If you get the cord stump wet, gently pat it dry.
- Sing or talk to your baby if he starts to fuss.

When you start giving your baby a bath in a baby tub or the sink, use these tips to make bath time a safe and pleasant time together:

- Don't be surprised if your baby cries during the first few baths. Relax, and soothe your newborn with your voice and gentle hands. Most babies soon learn to love bath time.
- In general, it's better to bathe your baby before mealtime, if he's not too hungry. If you bathe him too soon after eating, he may spit up.

- Have everything you'll need ready and close at hand.
- Never leave your baby alone in the bath – not even for one second.
- Pad the bottom of the sink or tub with a towel. Then fill it with about two inches of warm water.
- Test the bath water with the back of your wrist or your elbow. The water should feel warm to you – but not hot.
- Lower your baby into the water while supporting his head and holding firmly on to one of his arms.
- Starting with his face, work down his body, gently washing each area. Be sure to wash the folds of his neck, armpits and diaper area and between his fingers and toes. These are areas that collect dirt and fuzz. Often water alone is all you need. If not, put a little baby soap on the washcloth.
- Wash his hair last, using a dab of no-tears shampoo.
- When the bath is over, wrap him in a hooded towel and dry him well.



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Your Newborn Baby

Bowel movements

The first bowel movements that newborns have are dark green or black and very sticky. This is the meconium, the material left over from the making of the intestinal tract. The bowel movements soon start to get yellowish.

Breastfed babies have very yellow stools that are the consistency of pea soup or have little curd-like lumps in them. They may have a stool at every feeding or one every day or two. These stools usually have a sweet smell.

Formula-fed babies have drier, more formed stools. These may have a pasty consistency and range in color from yellow to grayish brown.

Many newborns have a pasty orange discharge on their diapers. These are uric acid crystals, the normal breakdown product of protein. Save any diaper that has anything on it that worries you, and show it to a health care provider.

Jaundice

More than half of all newborns develop some yellowish tinge to the skin in the days after birth. This is called jaundice, and it is caused by excess bilirubin in the blood. When babies are in the uterus, they have many more red blood cells than they will need after birth. Once born, these extra red blood cells begin to break down, releasing bilirubin. A newborn's liver cannot metabolize the bilirubin very quickly, so a yellow color appears on the skin. Most often, the baby will not have any ill effects from jaundice. If it is severe or prolonged, special treatments may be recommended. Let your baby's health care provider know if your baby develops jaundice.



Jaundice

General safety

Here are some rules to remember:

- Put your baby on his back to sleep. Make sure the crib meets all current safety requirements.
- Don't allow smoking around your baby.
- Always support your newborn's head with one hand or make sure her head is supported by whatever device you're carrying her in.
- Never shake your baby. A newborn's brain can be damaged by rough shaking, swinging or jiggling.
- Never leave your baby alone near water, or on a raised surface like a changing table or bed. Even newborns can occasionally turn over or flip around.
- Install smoke alarms, especially where your baby sleeps. Check the batteries in the spring and fall. Put fire extinguishers on every floor of your house.
- Use fire-resistant or flame-retardant clothing, bedding and toys.
- Turn your hot water heater down to 120°F.
- Never hold a baby while holding a hot drink.
- Avoid direct sunlight and use cover-ups to protect your baby's sensitive skin.
- Don't give your baby any toys or other items with small parts.
- Check clothing for loose strings or ribbons that could wrap around your baby's small fingers or toes or get caught in car doors. Also secure or remove other loose items in baby's room, such as window blind cords and electrical cords.
- Don't put pacifiers or necklaces around your baby's neck.
- Always use a properly installed car seat that's right for your baby's age and size. Newborns face backward, in the back seat.



Packing for the hospital

As the "birth day" of your baby approaches, it's a good idea to pack the items that will make your birth experience easier, more comfortable and more meaningful. These items should be packed and ready to go about two weeks before your due date.

Tear out these handy cards to take with you!

Packing for the hospital

Items to make birth a celebration:

- Potpourri to scent room • Music tapes or CDs and player
- Camera and film

For mom

- Two bed pillows with favorite cases
- Lotion/oil for massages
- Warm socks
- Lip balm for moisture
- Paper fan
- Picture or item for focal point
- Back massager
- Warm pack or rice sock
- Nightgown(s) that open in the front for nursing/robe/slippers
- Panties/nursing bras/nursing pads
- Toothbrush/toothpaste/mouthwash
- Hair care items/cosmetics
- Comfortable, loose-fitting clothes to wear home
- _____
- _____

For partner

- Insurance information
- Snacks for labor
- Swimsuit to wear in shower
- Change of clothes/toiletries
- Phone numbers of friends/relatives (see below)
Change or phone card
- This guide
- _____
- _____

For baby

- Undershirt/sleeper
- Going home clothes/receiving blanket
- Sweater/cap/extra blanket if needed for cold weather
- Infant car seat, correctly installed
- Baby wipes
- _____
- _____

Announcing baby's arrival

Baby's Name _____

Weight _____

Length _____

Time of Birth _____

Relatives and friends to call Telephone number



**Know Someone
Who's Expecting?**
Pass it on...
invite her to register at
Pampers.com



For your first special touches...



Comfort your baby with Pampers gentle diapers and wipes. **Pampers Swaddlers®** are our softest diapers ever and feature our special Umbilical Cord Notch. **Sensitive™ Wipes** contain soft cotton and are gentle against baby's delicate skin.