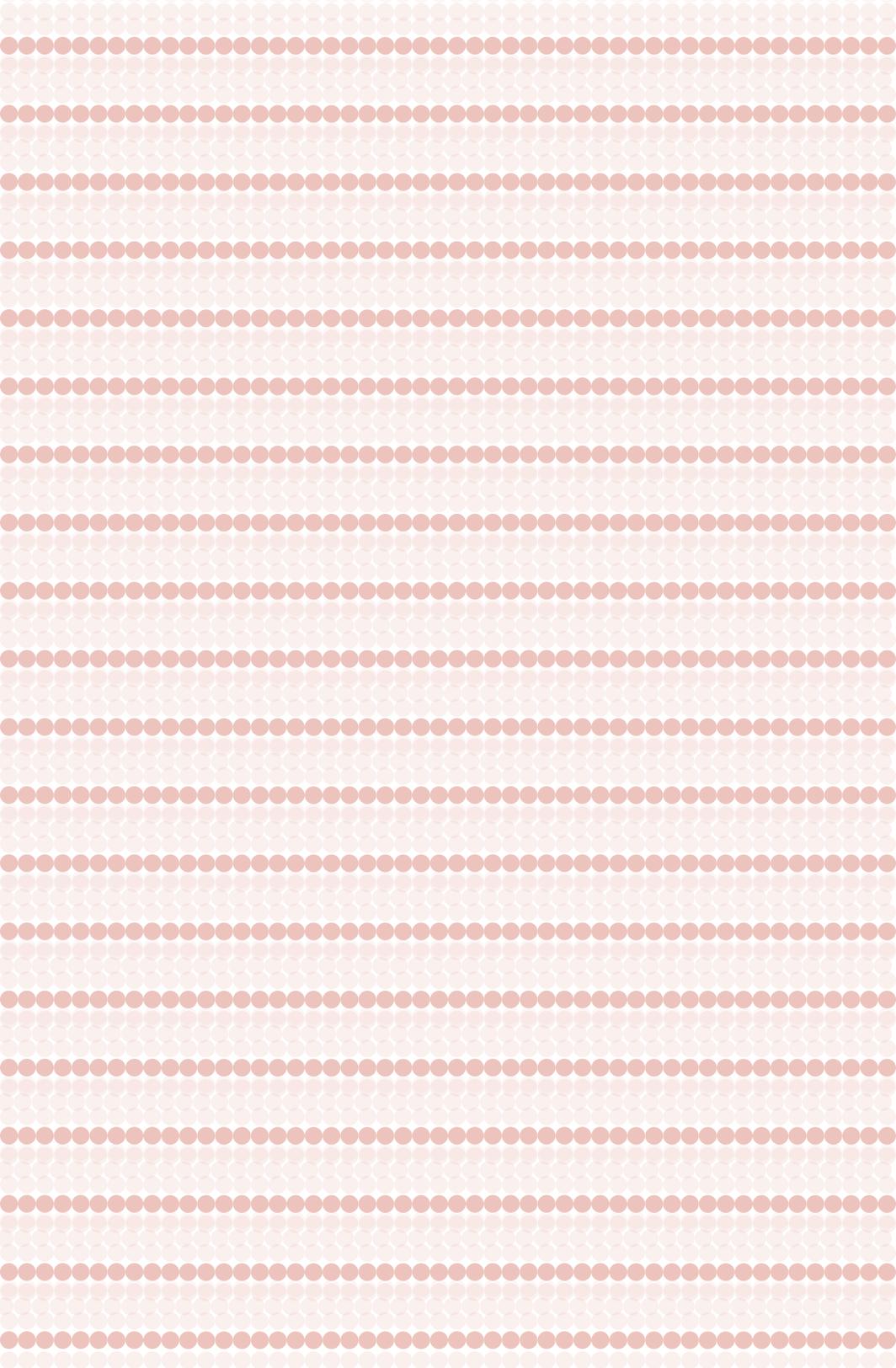




Taking Care of You and
Your Newborn



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So you're having a baby! Congratulations!

Being a new parent is awesome and amazing and...terrifying.

There is so much to learn, so much to prepare for. And, sometimes, it can be hard to think beyond the birth to caring for the actual BABY. This is not a time you want to completely wing it. The good news? You don't have to. You can't know it all before you have a little one but you can learn a lot of critical information that will help you feel confident, educated, and ready for this new adventure.

Many new parents take local classes to learn basic baby-care skills, but they're often generic and long, making them hard to absorb for parents-to-be.

They're also irrelevant for many parents, designed to meet the needs of all parents without addressing the specific concerns of any one parent. So that's why we created *Taking Care of You and Your Newborn*.

Remember to ask your child's pediatrician for help regarding specific questions you have about your individual child's development, needs, and behavioral challenges. And remember to ask your own health professional for help related to your physical and mental health.

The information on our site and in this program is not intended to serve as medical advice and should never be used as a substitute for face-to-face, personalized advice from a medical professional.

We believe in you and your family.

You've got this, Mama!



Dr. Whitney

WHITNEY CASARES

M.D., M.P.H., F.A.A.P.

Author, *The New Baby Blueprint: Caring for You and Your Little One*

Host, The Modern Mommy Doc Podcast

Founder, Modern Mommy Doc

 www.modernmommydoc.com

 [@modernmommydoc](https://www.instagram.com/modernmommydoc)

 [pinterest.com/modernmommydoc](https://www.pinterest.com/modernmommydoc)

 [facebook.com/modernmommydoc](https://www.facebook.com/modernmommydoc)

 info@modernmommydoc.com





Six Steps to Preparing Your Mind for Motherhood



1. Plan to Accept Chaos: Congratulations, you have a child now! (Or you soon will!) Where there was once serenity, there will now be a little human being, full of joy and life (and noise and mess). Embrace the fact that your home will not be a serene haven of adult life for several years. When you see toys and play mats and kids' stuff everywhere, do not stress out that your house will never be as neat and tidy as it once was. That's okay. That's life.

2. Plan to Give Yourself a Break: All parents have moments when they worry more than they want to or don't parent like a pro (or even like their more experienced parent friends do). The most successful parents learn quickly to give themselves a break if they don't do things "just right."

There will be times you will plan an outing only to realize you should have stayed in. One day, you will scrounge around in your diaper bag while out to lunch with a wailing, pee-soaked baby and realize you have no more diapers. A day will come when you realize you totally missed the boat on why your baby was so fussy. Accept this and move on. We all do that stuff. Seasoned parents continue to do that stuff. Just remember, when you feel that you have messed up, you will also have learned something, and you'll be better at it tomorrow.

3. Plan to Keep Learning: Someday, you will think you have it all figured out. Then everything will change, and you'll need to go back to the drawing board. As your baby grows, so too will the tricks that help her sleep, help keep her entertained, and help her grow. One day, she'll love the swaddle blanket; one day later, it will be the sleep sack. The change in preference will not be the big deal — it will be the two weeks it takes to figure out the issue keeping her (and you) awake all night. The good news is that as you get to know your little nugget, those transitions will become easier and easier.

4. Plan to Banish Mommy Guilt: Mommy guilt is one of the worst-feeling parenting issues. There you are, perfect little baby in hand, and wham! In comes mommy guilt, making you feel like a failure when you're not producing enough milk, taunting you when you leave your baby for the first time, gnawing at you when you think maybe you haven't done enough to stimulate, soothe, or protect your little one.

Mommy guilt doesn't serve anyone. We're less healthy, both physically and mentally. We get irritated faster with our kids and spouses. Let's face it — it's a pretty sad example of the balance we hope our children will have in their own lives. Instead, commit to learning how to parent in a way that's less conflicted and more centered. Our [Mama Reset Self-Care Retreat \(at Home\)](#) has you covered on this one!

5. Plan to Be Consistent: Your baby will learn early on that she has people in her life who love her. She doesn't need those people to be around her constantly. She just needs those people to connect with her consistently. As your child grows, this will mean providing Special Time, or planned moments your child can count on when the two of you can connect

without any outside distractions. For now, though, it simply means spending a few mindful moments with her throughout the day. It means paying special attention to her by singing to her or talking to her. It means giving her undivided attention at regular intervals throughout the day, without a screen in between the two of you. Read your email when your baby is asleep instead of when she's wide awake in your arms.

6. Plan to Share the Load with Your Partner and with Your Village: Allow other caregivers in your baby's life to be equal players who provide the same level of consistency you do. I promise, they will rise to the occasion and have a stronger relationship with your baby as a result.







The Top 10 Items You Really Need for Your Baby

- 1. One Small Box of Newborn Diapers:** You don't know how big your baby will be, and you'll have buyer's remorse if you have a storage shed full of newborn diapers when your new baby is a size 1 within a week of birth. You can always get more quickly.
- 2. Tons of Wipes:** Babies poop. A lot. While purchasing too many itty-bitty diapers can be a waste, you'll never regret buying extra wipes. Eventually, you will use them. Start off with at least five boxes and plan to put them on your shopping list again soon after your baby's birth. Look for wipes without added fragrances, and pick thicker over thinner wipes when possible. Consider buying these items online where you can purchase them in bulk and possibly save a little money.
- 3. Vitamin D Drops:** Breastfed babies need 400 IU (international units) of vitamin D per day until they reach one year of age. If your baby is drinking formula, check with your pediatrician about how much vitamin D to give.
- 4. Swaddle Blankets:** Silky swaddle blankets can serve a number of purposes in a pinch: they can be a car safety seat cover or a diaper change pad, a burp cloth, a breastfeeding cover, or any number of things. (For swaddling a baby, however, blankets that are a little less slippery tend to be more effective.) Because

swaddle blankets are used for so many miscellaneous purposes, they tend to get dirty quickly, you'll want to have at least five when your baby is born. That way, you'll always have a clean one on hand when the rest are in the wash.

5. Zip-Up Sleepers and Onesies: Stick with zip-up sleepers at night. No snaps, no buttons. When your baby is a newborn, you want easy access to all those poopy diapers, especially at 2 a.m. Lose the fancy clothes until about three months.

Onesies are also game changers. Newborns tend to go through multiple outfits a day, because they pee and poo and spit up all over them. Instead of doing laundry all the time, keep multiple onesies on hand so that you can easily swap out a dirty one for a clean one.

6. A Bassinet: To simplify nighttime feedings, many parents keep a bassinet next to their bed for the first few weeks after birth. If you choose this option, make sure the bassinet has a Children's Product Certificate from the U.S. Consumer Product Safety Commission.

[The American Academy of Pediatrics \(AAP\)](#) recommends all parents and caregivers share a room with their baby for at least the first six months after birth and, ideally, for up to one year. That means you may not use your fancy crib for quite some time after your baby is born.

You'll want convenience as a new mom, not aesthetics. But go ahead and set up your newborn's nursery and crib before he arrives. It's easier to get everything assembled without a new baby in your arms, and your little one may use the crib for naps even if the nights are spent next to you in a bassinet.

7. A Car Safety Seat: There are tons of options out there. After a few months, you'll probably end up taking your baby out of the car safety seat to carry him around, so don't overthink it. Lots of companies work hard to sell you on features such as longevity or lightness, but babies outgrow car safety seats very quickly. They usually don't meet the upper weight limit before you are using a bigger seat they'll ride in through toddlerhood. Plus, even the lightest car safety seat will feel like it weighs a ton once you have a baby in it. Remember that the safest place to position the car safety seat is in the middle of the back seat, with the baby facing the rear of the car. Also, make sure the car safety seat is buckled securely into the car every time you use it.

8. A Stroller: Two features matter most when it comes to strollers: one, it needs to be compatible with your car safety seat, and two, it needs to be easy to fold and store in your car. My favorite strollers can be used for a long time, are easy to maneuver, and are easy to collapse and expand. Strollers are notoriously awkward to lift into and out of vehicles, so consider this as you decide between heavier models and lighter models. Just remember that you never want to run with a baby in a stroller until he is six months old. Even if the stroller is advertised as a jogging stroller, wait six months to avoid serious neck and head injuries.

9. A Changing Table: You can (and will) change a baby's diaper pretty much anywhere, but when you are home, you'll want a designated place for this. The most efficient changing tables include spaces to store diapers, wipes, and diaper creams. If it makes financial sense for your family and you have a multilevel home, invest in a changing table for each floor of your house. This will allow you to avoid unnecessary trips up and down the stairs.

10. **A Breast Pump and Accessories:** When it comes to babies, there is a ton of baby gear you just do not need. But when it comes to breastfeeding, more is more. Pumps and accessories can be extremely helpful in the first year of your baby's life, especially if you're a working mom planning on feeding your little one pumped breast milk once you head back to your job.

Insurance companies will often pay for a pump, but look closely at the options they give you. You may need to upgrade to one that better fits your needs. It's an investment, but if you have to choose between a pricey crib and a pricey breast pump, **CHOOSE THE BREAST PUMP!**







Making a Childcare Plan

Choosing a childcare option is one of the most important decisions you'll make for your kids early on. The people your children are around strongly influence the way they see the world and the place they find within it. Deciding on a childcare option that works best for you and your family is highly personal and ultimately depends on your individual needs and situation. You might consider a childcare center, in-home childcare, a nanny, a nanny share, a friend, or a relative. The setting is less important than the atmosphere, structure, and people there.

But there are a few considerations that apply to everyone, no matter which option you're considering. For starters, quality matters most. Quality childcare provides a safe space where kids can build deep, one-on-one connections with their caregivers and peers. Your caregiver should also offer a clean and healthy environment where kids won't get sick all the time (very important for all working parents). The program or person also needs to provide the level of flexibility you need. And finally, you want the adults caring for your child to have the same parenting goals and values you do, backed by a working knowledge of the core principles of successful caregiving.

Like most things in life, what really matters when it comes to childcare is that you feel comfortable and confident with your choice. The exact location or setup matters less. Just make sure you find experienced, high-quality caregivers who share your

goals and values and consider each member of your caregiving team just that — an important part of your child’s village but not more important than what happens when your child is at home with you. Family environment trumps all.

The selection process can be stressful, but it’s also very exciting. You’re building your village; you’re hiring the person who will be there for your kids alongside you, nurturing, guiding, and caring for the person or people you love best. You’ll find amazing people waiting in the wings to work with you.





CHILDCARE OPTION COMPARISON CHART

| | Day Care | Nanny | Nanny Share | Family Member | Other |
|-------------------------------|----------|-------|-------------|---------------|-------|
| COST | | | | | |
| CONVENIENCE | | | | | |
| PICK UP /DROP-OFF FLEXIBILITY | | | | | |
| COGNITIVE STIMULATION | | | | | |
| SOCIALIZATION OPPORTUNITIES | | | | | |
| SICK-DAY POLICY | | | | | |
| HOLIDAY/ VACATION CLOSURES | | | | | |

Experience

Number of families you have nannied for and ages of children:

Length of time with other families:

Specific experience with newborns:

Certifications and Education

CPR (cardiopulmonary resuscitation) and first-aid certification status:

Child-development knowledge and experience:

Comfort level with health issues (e.g., fevers, colds, emergencies, special needs):

Name:

Phone Number:

Email:

City/State/Zip:

Availability

Current hours of availability:

Other commitments (e.g., school, other families, part-time jobs):

Upcoming vacation needs and anticipated time-off needs:

Health

Vaccination status:

Smoking and other substance use status:

Favorite Ages and Activities with Kids

Knowledge of local kid-friendly venues:

Favorite local parks, swimming pools, and classes:

Handling Difficult Situations

Describe a time a baby was crying uncontrollably and you had to figure out why:

Describe a difficult situation you've had with a toddler and how you solved it:

Describe an emergency you've had to deal with:

Negative or Positive Past Work Experiences

Describe what went well or what was frustrating:

Describe a “deal breaker” for you when finding a nanny position:

Additional Questions

Open to light housecleaning or cooking?

Able to transport kids via car or public transportation?

Open to playdates with other children?

Any special hobbies (e.g., art, music, other languages you would incorporate into childcare)?

Childcare Ratio

The AAP recommends seeking out [childcare centers](#) with a high caretaker-to-child ratio according to the following parameters:

| AGE | MAX CHILD-STAFF RATIO | MAX GROUP SIZE |
|-----------|-----------------------|----------------|
| 12 MO. | 3:1 | 6 |
| 13-35 MO. | 4:1 | 8 |
| 3 | 7:1 | 14 |
| 4-5 | 8:1 | 16 |
| 6-8 | 10:1 | 20 |
| 9-12 | 12:1 | 24 |



Experience

Is the center licensed and accredited by the state?

What level of education and what certifications does staff have?

What ongoing training do you complete with staff with regard to child development and behavioral management?

Schedules

What are the daily drop-off and pickup windows?

What is the daily schedule, including naps?

Are there pre-planned holiday or vacation week closures throughout the year?

Childcare Center:

Phone Number:

Email:

Address:

Finances

What are the daily or monthly tuition rates?

What's the financial policy for late pickup?

How much does it cost to secure a spot on the waiting list?

Feeding

How do you handle frozen or pumped breast milk or formula preparation?

What is served for meals or snacks? Do parents need to provide food?

Behavior and Child Development

What is your center's educational philosophy or care philosophy?

How do you handle conflicts between children?

How much time is spent outside? Is there a dedicated outdoor play area at the facility?

Do you provide daily reports for kids' behaviors or activities?

What are the expectations around potty training and diaper changes?

Safety and Health

What is the sick policy for children and for staff?

Staffing

What is the staff turnover rate?

How do you screen employees for hire?

How many children are in each room and at the facility in total?

What is the staff-to-child ratio at the facility?

When do kids typically move up from an infant room to a toddler room or from a toddler room to a preschool room?

How often and which methods do you use to sanitize the toys and surfaces at the center?

Safety and Health (continued)

What are the vaccination rates among children currently enrolled at the center?

How do you keep your facility safe and secure?

Do you ever transport children outside the facility? If so, how?

Parent Involvement

Do you provide parent-child-development education opportunities?

What is the policy on parents visiting the childcare center during the day?

Finding a Pediatrician



Pediatricians are an important part of your child's health and wellness team. Where do you find an amazing pediatric provider? Querying friends is an excellent place to start. Your obstetrician and local hospital can also serve as referral sources. If you're feeling stuck, ask your health insurance company — it will have a list of in-network pediatricians taking new patients in your area. Once you've identified a few top contenders, go online to check out candidates' websites, and then set up a prenatal interview to see which expert is the best fit.

Use the interview checklist on the following page as a guide during your initial meeting.



PEDIATRICIAN INTERVIEW CHECKLIST

Availability and Access

- Phones
- Email
- Office Hours
- Advice Nurses
- Website
- Urgent and Same-Day Appointments? Y / N

Clinic Reputation

- Longevity of Practice
- Unique features: dietitians, psychologists, lactation specialists, and other specialists

Experience

- Years in practice
- Training background and special areas of expertise

Hospital Privileges and Affiliations

- Do providers come see babies in the hospital?
- Local Emergency Department Recommendations
- Book and Website Recommendations

What to Expect at Clinic

- Appointments in First Three Days
- Appointments in First Two Weeks



Common Freak-Out Findings

It's important to know what's normal and what's not during the newborn period. Below is a roundup of common issues to help give you peace of mind, but consult your child's pediatrician if you're concerned.

These are common conditions that tend to really freak parents out.

COMMON CONDITIONS

Erythema Toxicum: A completely benign rash with a scary name and a worrisome appearance: scattered red dots or splotches with white to yellowish centers. It tends to resolve on its own by one week after birth.

You don't need to make a doctor visit for this rash, but it's reasonable to have it double-checked if you're worried or unsure, given how it can occasionally be confused with more troublesome viral or bacterial rashes.

Cross-Eyed Appearance: A baby's eye muscles are often not strong enough to keep her eyes aligned until she's a few months old. It can be typical for a baby's eyes to cross until about three to four months of age.

If it lasts longer than expected, definitely let your pediatrician know.

No Poop for Days: When a baby is just out of the womb, pooping a lot means he is getting plenty of food. After a few weeks, breastfed newborns can go up to seven days without passing a stool (as long as it's mushy when it eventually comes out).

As long as you're feeding your baby consistently, don't feel pressured to intervene to speed up the process. If your baby is gassy in the meantime, you can bicycle his legs and gently massage his belly.

Once you get past the seven-day mark, let your pediatrician know. Also, let your pediatrician know if your baby has hard stools at any time.

Hiccups: Just as the rest of a baby's nervous system is extremely immature, so is the diaphragm.

Some babies hiccup a ton in the first few weeks. Don't sweat it. This is something that takes time to resolve on its own.

Congestion and Sneezing: Babies live in a water-filled environment for months until the moment they're born, so don't be surprised if they need to clear some of that fluid from their nasal passages.

Babies have small nasal passages, so sneezing helps keep them open. If babies have even more fluid after several weeks, you should check in with your doctor.

If they cough or sputter during feedings, you may need help with positioning or with overactive letdown.

Periodic Breathing: A newborn's breathing is not always completely uniform. Babies will often have episodes when they breathe fast for a few seconds and then go back to their usual rhythm.

This should be brief, as opposed to the continuous fast breathing that makes pediatricians worry. If a baby has continuous fast or labored breathing, seek immediate medical care.

The "Mini Period": Baby girls may have a small amount of blood or blood-tinged mucus in the diaper four to five days after birth as their mothers' hormone (estrogen) levels begin to drop.

This is like a "mini period," which can scare even the most confident parent. It may last for a few diapers before resolving.

Large amounts of blood, however, are not typical, so consult a doctor if you notice this occurring.

A Stinky Umbilical Cord: When the umbilical cord falls off a baby, it can be kind of stinky. (The smell is caused by dead skin.) A slight odor is okay, but if you notice extreme redness, swelling, or pus around the navel, call your child's pediatrician right away. Those are signs of potential infection.

Primitive Reflexes: Until babies are about three months old, they have what we call primitive reflexes (also known as startle movements).

The most commonly recognized is the Moro reflex: A baby puts her arms out to the side and jerkily flutters them forward when she has the sensation of falling (e.g., when being set onto her back).

Dry Skin: When babies are first born, their skin can look dry and flaky a few days after birth. That's because they have been in water for a long time, and it takes a while for the skin to adjust. Just let it be, and it will resolve on its own.

You can use gentle products such as Aquaphor Healing Ointment or CeraVe Healing Ointment if the skin gets super dry and cracked in the creases of the ankles or wrists.

Babies don't need baths in the first few weeks after birth. They don't get that dirty. Obviously, clean their bottoms when they poop and spot clean if they spit up onto themselves, but otherwise, letting a baby's skin acclimate in the first few weeks without a bath is better, especially with regard healing the umbilical cord.

Once you start giving baths, my favorite products are gentle cleansers. I love fancy, great-smelling, natural products just like the next mom, but they can often cause irritation. More basic options can help reduce the chance of rashes and other problems down the road.



What's Not Normal?

The following symptoms are never normal for a newborn and deserve medical attention.

UNCOMMON CONDITIONS

Persistent Fast Breathing: It's not typical for a baby to breathe fast consistently (more than one breath per second) or to have what is commonly called labored breathing for a sustained amount of time.

This can look like sucking in at the ribs or the belly, flaring at the nose, or breathing hard as if the baby just ran a marathon.

If your baby has persistent fast breathing, call your pediatrician's office right away. If she has sustained fast and labored breathing, call 911.

Fever of 100.4°F (or 38°C) or Higher: You do not need to check your baby for a fever all day, every day. But if your baby seems fussy and is warm, check his temperature.

When a newborn has a fever in the first month, it can signal a very serious infection in the blood, in the urine, or in the fluid surrounding the brain and spinal cord.

CALL YOUR DOCTOR'S OFFICE IMMEDIATELY.

Lethargy: Lethargy is a tough word because it means different things to different people. It doesn't just mean sleepy to medical professionals, though.

To pediatricians, it means a baby is acting out of it to the point where you could poke him with a stick and he wouldn't care. If a newborn misses more than one feeding, that could be a sign of lethargy.

Lethargy is dangerous for babies. If you think your baby is lethargic, call your pediatrician's office immediately. If your baby is not responsive at all, call 911.

Projectile Vomiting: As indicated in the name, this is when vomit projects itself across the room. Spit-up that dribbles down the chin is not projectile vomiting.

Projectile vomiting can be a sign of something called pyloric stenosis, when the connection between the stomach and the duodenum (the upper part of the small intestine) becomes too tight.

*If your child has more than one episode of this, call your pediatrician immediately.

Blood in Stool or Vomit: It's not typical to see blood in a newborn's vomit or stool (or persistent bleeding from anywhere, for that matter). This can signal a major issue in the digestive tract.

Occasionally, if a mom's nipple cracks from breastfeeding trauma, a baby can swallow a little bit of blood and make doctors think it's the mom's blood, but don't take any chances. If you see blood, call your pediatrician.

Cyanosis: Cyanosis is a gray or blue color that appears on the

lips, on the inside of the mouth, or on the chest. In a newborn, it can be very dangerous, signaling infection or heart disease, especially if it comes on with feeding.

Your pediatrician will want to know about this right away. If your baby has cyanosis and is not breathing, call 911.

On the other hand, acrocyanosis — a purple, gray, or blue discoloration of the hands and feet — can be a typical newborn finding attributable to an immature circulatory system.

Sweating or Panting During Feedings: If a baby pants or sweats while feeding, it could be a sign that his body is stressed and eating is pushing it over the edge, taxing its basic metabolic functions. This can also be a sign of a dangerous infection or heart disease.

Call your baby's doctor right away if you notice this.

Severe Fussiness: Most babies are fussy, with a peak around six to eight weeks after birth, but we worry when babies are completely inconsolable for hours on end.

If your baby is fussy, first try changing her diaper, feeding her, burping her, and soothing her by swaddling, swaying, or shushing her.

If she's still crying after you've attended to all the baby-care basics and exhausted all your soothing tricks, call your child's doctor.

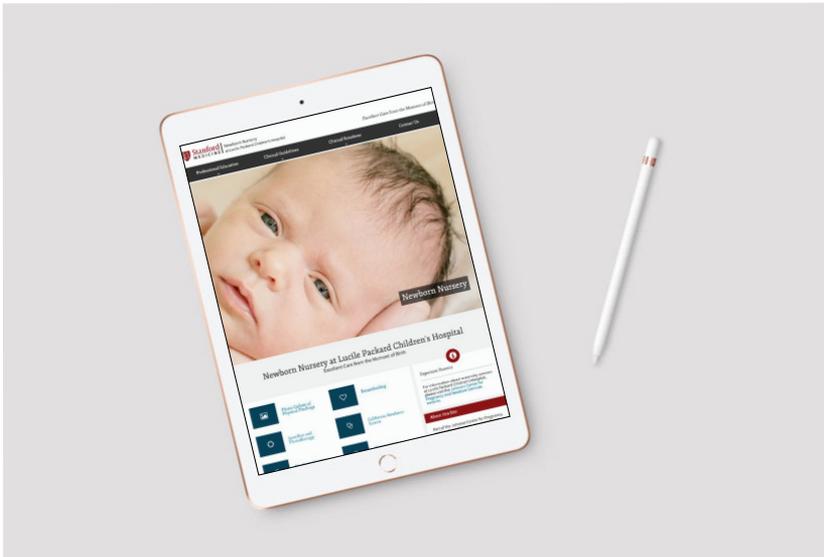


Breastfeeding Principles

Breastfeeding for the first time can be a daunting task. And while there are some amazing resources out there for fledgling feeders, sometimes it's most helpful to begin with a solid grasp of the basics.

Believe it or not, the first few days after birth have a huge influence on your breastfeeding success. No pressure, right? The good news is there's a lot you can control.

Watch Breastfeeding Videos: Watch videos about breastfeeding before you have your baby. [The Stanford Medicine Newborn Nursery](#) has a great series about breastfeeding basics. Watch how the moms position their babies, and learn about latching properly. It will give you a book-level knowledge of what to do.



Get Latch Advice: When you are in the hospital, ask for help latching your baby right away. If possible, choose a hospital with nurses who are lactation certified so that you get professional help as soon as possible.

The “gold standard” is to get your baby latched to your breast within one hour after birth, setting both of you up for success. The best way to achieve this is to have your baby placed skin-to-skin with you immediately after birth. Ask your nurse at the hospital to verify if the baby is positioned correctly.

Ask for a lactation consultation if you have any concerns at all. And, just for the record, this is pretty much every new mom I meet, so don't feel like you have to have major worries in this area to justify getting extra assistance.

Feed Frequently: In the first few days to weeks, new babies need to have a feeding attempt at least every three hours. We call it “three hours start-to-start” in my office, which means it should be no longer than three hours from the start of one feeding to the start of another. Babies will often want to feed way more often than that, which is great and perfectly okay, but at the very least, they need that every-three-hour cueing.



Why? Breastfeeding is a two-way feedback loop.

The first feedback loop is for the mom: the more a baby's suckling stimulates the breast, the more milk the mom's body makes. The second feedback loop is for the baby: the more the baby eats, the more food he takes in and the more alert and hydrated the baby will be, driving hunger and allowing the baby to regulate his own feeding needs over time.

Two Things to Remember:

1. In the beginning, a baby needs help getting her system going. Breastfeeding is natural, but it's not usually easy at first. The new baby and the new mom both have to learn new skills and how to rev up the system.
2. Babies are often sleepy during the first twenty-four hours after they are born, and a mom's milk supply is limited in volume; the system is set up so that there's a little grace period. But there's a catch: those first twenty-four hours are the time to prime the pump(s) by breastfeeding frequently, which in turn increases the milk supply so that the baby is alert enough at day three or four to take the more copious milk mom starts making. In some cases, if that doesn't happen, a baby's blood sugar (blood glucose) levels can drop, making him lethargic and harder to feed. Babies can get dehydrated, and their bilirubin levels can rise, contributing to jaundice (the yellow color that can develop in a baby's skin).

Learn Stimulation Techniques

Ask the nurses to teach you ways to stimulate your baby while on the breast if she starts to fall asleep soon after the feeding begins. We use techniques such as “the chicken wing” (moving the baby’s arm gently in a small circle), tickling her feet, using a cool cloth, and removing her clothing so that she is motivated to continue eating once she starts. Otherwise, the baby may burn energy on sucking without getting much back in return.

Understand Basic Biology

| <i>What to look for</i> | DAYS 1-2 | DAYS 2-3 | DAYS 4-5 |
|-------------------------|--|--|--|
| BREASTMILK | Colostrum: thick, syrupy, yellow-gold, and nutrient dense. | Milk “comes in” thinner, lighter yellow, and higher in volume. | Thin, skim-milk appearance. |
| STOOL | 1-2 wet diapers and green-ish-black meconium stool. | 5-6 wet diapers and least 3 dirty diapers. May see a green/brown combo. | 6+ wet diapers and at least 3 dirty diapers. May look yellow, seedy, and runny. |

If you end up needing breastfeeding equipment such as nipple shields, make sure that you do extra pumping to offset the decreased stimulation to your breasts. Also, make sure that once your milk “comes in,” you are what they call “fitted” for breast flanges (the cones that attach to the pump). The lactation specialist at my pediatric practice says that if your breast flanges are not the right size, it’s like walking around in shoes that are too big or too small.



What Can Go Wrong



Difficulty Latching: When babies first learn to breastfeed, it can feel uncomfortable because their suction is stronger than anything their mothers' breasts have ever experienced. But if the pain is severe or persistent, you need to get help. Ask your child's pediatrician for resources.

In the first days, pain is often caused by a poor latch. If you have nurses or a lactation specialist help you in the hospital, one of the most important things you can do is ask them to help you assess your baby's latch.

This is one of those things that is impossible to know until you are doing it — watching a video can help you know the basics of latching, but it can't replace the real thing.

Excessive Weight Loss: If your baby isn't getting enough milk, she can lose too much weight. By about day three to day four, your milk should be in. You'll start to see and hear your baby really swallowing when she is eating, and you may see milk at the corner of her mouth. If that isn't happening, it means you need help.

Babies normally lose up to 10 percent of their birth weight in the first few days after birth. But once your milk is well established, weight gain begins.

Poop Changes in the First Week

One of the biggest indicators as to how well breastfeeding is going is a baby's poop, which changes rapidly as your milk comes in. If your baby isn't following the pattern below, talk with your child's pediatrician.

| <i>What to look for</i> | DAYS 1-2 | DAYS 2-3 | DAYS 4-5 |
|-------------------------|--|--|--|
| STOOL | 1-2 wet diapers and greenish-black meconium stool. | 5-6 wet diapers and least 3 dirty diapers. May see a green/brown combo. | 6+ wet diapers and at least 3 dirty diapers. May look yellow, seedy, and runny. |



Difficulty Handling Feedings

All babies have a very floppy connection between the feeding tube (esophagus) and the stomach. This is called the lower esophageal sphincter. This acts as the gatekeeper for contents to pass through to the stomach. When this muscle is loose, it typically causes your baby to spit up.

Pyloric stenosis typically causes babies to spit up around one month of age, and it can cause forceful and frequent vomiting, eventually leading to projectile vomiting. Consult your doctor sooner rather than later if your baby experiences projectile vomiting.

If your milk is coming out super fast (called overactive letdown), or if your baby is spitting up all day, every day, it may be uncomfortable for your baby to eat. A lactation specialist can help you assess this and offer positioning tips that help slow the flow to your baby.

| GUIDELINES | STORAGE LOCATION + TEMPERATURES | | |
|---|---|--|--|
| TYPE OF BREASTMILK | Countertop 77°F (25°C) or colder (room temp) | Refrigerator 40°F (4°C) | Freezer 0°F (-18°C) or colder. |
| FRESHLY EXPRESSED OR PUMPED | Up to 4 hours | Up to 4 days | Within 6 months is best. Up to 12 months is acceptable. |
| THAWED, PREVIOUSLY FROZEN | Up to 4 hours | Up to 4 days | NEVER refreeze human milk after it has been thawed. |
| LEFTOVER FROM A FEEDING (Baby did not finish the bottle) | | Use within 2 hours after the baby is finished feeding. | |





7 Common Procedures to Expect at the Hospital

Vitamin K Injection: Vitamin K is a substance in the blood that helps the clotting process (coagulation). Clots are little clumps of platelets that help keep your body from bleeding when it is not supposed to.

Clots are important for preventing bleeding, especially in the brain and gut. It's very difficult to know at birth who does and does not have enough vitamin K, so all babies receive this injection in the hospital.

Erythromycin Ointment: When babies come through the birth canal, they are exposed to the bacteria there. Some of these are helpful ones that populate your baby's skin and his gastrointestinal tract, but some can be harmful.

Although you may be 100-percent confident about your sexually transmitted infection (STI) status, erythromycin ointment is always administered into babies' eyes to prevent infections that can cause permanent damage.

Bilirubin Testing: Bilirubin is a blood product that has healthy antioxidant properties and is useful in small amounts to us. When there is too much, however, it can cause jaundice (a yellowish tinge to the skin) and cross what is called the blood-brain barrier, which causes problems in the brain.

Twenty-four hours after birth, all babies in the hospital receive a bilirubin test. If a baby's bilirubin level is too high, he can receive a specific intervention called phototherapy (light therapy). Typically, babies requiring phototherapy in the hospital are placed into an incubator with special lights attached along with a light-therapy blanket. During the treatment, your baby will wear a protective covering over his eyes.

Hepatitis B Vaccine: Hepatitis B is a serious disease that can affect the liver and lead to permanent damage or cancer. Although many people think of hepatitis B virus as affecting only users of IV (intravenous) drugs or those with high-risk sexual behaviors, it is actually highly contagious for a baby when she comes through the birth canal as well.

Newborns are considered especially susceptible to hepatitis B virus and are more likely to have severe consequences. Some have acquired hepatitis B virus without known significant contact, so it is best to protect all babies from this virus and the serious disease it can cause.

Newborn Screening: Newborn screening is a public health effort to catch treatable diseases early on that could otherwise be devastating. Examples include cystic fibrosis, thyroid disease, and metabolic disorders (of which babies can die suddenly because they can't process sugars or proteins correctly). All 50 states have a newborn-screening program.

Getting your baby tested involves a tiny heel prick. The blood is then sent to the state and the screening program contacts you and your doctor right away if there is an issue. No news is good news for the newborn screening program. Generally, this test is done in the first few days after birth. If your baby is born at a

birthing center or leaves the hospital early, a second test by two weeks of age may be recommended.

Hearing Screening: All babies have a hearing screening before they leave the hospital. Some babies have a little bit of fluid in their ears when they are first born and will “fail” the screening for that reason. The hospital will set up a repeat screening or will give you instructions on how to arrange the repeat screening before you leave the hospital.

It's important to follow up any initial concern because hearing deficits can impede language development significantly. But if we catch them early, we can intervene quickly.

Cardiac Screening: Several rare issues with a new baby's heart can manifest in the first few hours, days, or weeks after birth. Most hospitals have instituted a screening protocol to catch most of these issues. It can't catch everything, but it can catch a lot. A tiny, painless sensor called an oxygen saturation monitor will be placed onto your baby. This will read how much oxygen is in your baby's blood, which is a great indicator of how her heart is doing.





Do Your Homework

If you've never had a baby before, doing your homework ahead of time can make those early days a little easier. It helps to visualize what's ahead, ask others about their experiences, and read credible information from reliable sources. And it also helps to have some basic information about what's typical.

SIX WAYS TO KEEP YOUR BABY SAFE

- 1. Vaccinate:** Making sure that you and the people who come into close contact with your baby have all their vaccinations is super important. Vaccine-preventable infections such as whooping cough (pertussis) and even the flu can cause serious symptoms in all people, especially babies. I recommend babies receive all the vaccines on the [Centers for Disease Control and Prevention](#) vaccine schedule.
- 2. Avoid sick people:** Now may not be the best time to take your baby to the company picnic or holiday party. Let your family members hold your new one, but first make sure they are not sick. And if you want to go outside, take your baby on a short walk in the stroller with an appropriate weather canopy and, if needed, an extra layer of warmth.
- 3. Pay attention to handwashing:** Make sure that anyone who touches or holds your baby thoroughly washes his/her hands with warm, soapy water first. Don't be shy about asking your friends and family members to do this each time they hold the

baby. They will all understand that you are trying to keep the germs away from your newborn. (And if they don't, it's not your problem.)

4. Limit air travel: The first month after your baby is born is not the time to expose her to recycled air on an airplane or the host of people (and germs) in the airport. How often have you gotten sick after traveling? Pediatricians don't recommend air travel until babies have had their first set of vaccines, which can happen as early as six weeks of age.

5. Prevent falls: Babies can be slippery little people. If your baby is on an elevated surface, make sure you have a hand on her at all times. This goes for changing tables, counters, sofas — anything more than a few inches off the floor. You never know when she is going to roll slightly or propel herself in one direction or another, so hold onto her.

6. Reduce suffocation risk: When it comes to your baby's sleep, a lot of new products come and go in the mommy circles. Don't be fooled. Even if "everyone" is using the newest sleep gadget, it doesn't mean it's safe or approved for sleep. Don't use blankets or stuffed animals in the sleep area. Make sure swaddle blankets don't cover your baby's mouth. Put your baby on her back to sleep, and avoid side or stomach sleep positions.

Four Tough Newborn Issues You Can Do Something About

The first two weeks are all about learning your baby's feeding patterns and habits. New babies tend to do a lot of cluster feeding during those weeks where they finish nursing and then seem to want to eat again 20 minutes later. They also sleep sporadically and are just getting used to their environment outside the womb. But as your baby matures and her feeding patterns settle into a more predictable pattern, you'll find other issues start to crop up. Here are four common ones to keep an eye out for.

1. DIAPER RASH

Diaper rashes are very common because your baby's outer layer of skin is significantly thinner than an adult's, making it more vulnerable to damage. The diaper area is dark, warm, and wet—the perfect place for yeasts and bacteria to breed. Your baby is pooping and peeing all day long. Plus, the materials in most baby wipes can be super irritating, even if they are labeled as natural.

WHAT CAN YOU DO ABOUT IT?

Change diapers right away. If your baby is sleeping and has a wet diaper, don't feel as if you need to wake her up to change it. But otherwise, change her diaper so that those irritants are off your baby's skin.

Use diaper creams with a barrier component at the first sign of a rash, and use them with each diaper change until the rash goes away. Apply diaper creams like cupcake frosting — you want a thick barrier so that the next time your baby urinates, the skin doesn't get even more irritated, which would prevent it from healing.

Choose good wipes. Those indicated for sensitive skin or that are water-based tend to work well. A lot of parents get very excited about fancy wipes. Unfortunately, even wipes that are labeled as "organic" or "natural" can have products in them that irritate a baby's bottom. This is an area in which basic is better.

Consult your doctor if the rash doesn't improve after a few days or if it looks different than just redness or irritation. Doctors can help you figure out if you need a prescription medication to help cure the yeast or bacterium.

2. SPIT-UP

It's typical for all babies to spit up, and most of the time, it is just a laundry issue. Every once in a while, though, it can cause discomfort for babies and can make successful breastfeeding difficult.

WHAT CAN YOU DO ABOUT IT?

Position your baby's head higher than her body during feedings, and hold her body upright after feedings. This allows the food to go down instead of up. Think about yourself when you eat a huge meal. You feel uncomfortable, right? You feel like burping.

You might even feel a little bit of spit-up coming up. If you were to lie down, you would feel even worse. The same goes for a baby.

Burp your baby often during feedings. This allows the air bubbles to come up and the food to go down. If you are using a bottle, use a slower-flow nipple. This creates less of a fire-hose scenario for your baby when she is trying to feed.

If you are breastfeeding, consider whether or not you have overactive letdown. Signs of this condition include your baby having a hard time handling the amount of milk that comes into his mouth, milk spraying everywhere when your breasts let down, or having so much milk at your initial letdown that it gets all over you and your baby unless you catch it in a towel. If this sounds like you, ask your doctor or lactation specialist about laid-back positioning and C clamping, both of which can help stem the tide of breastmilk.

A laid-back breastfeeding position is exactly what it sounds like — you recline onto a pillow or a couch so that you're at a 45-degree angle with your baby, as opposed to leaning over your baby's mouth. In a laid-back position, the milk flows more like a stream instead of a waterfall.

C clamping is when you make a C shape with your forefinger and your thumb, encircling your breast just behind the areola. You latch your baby, watch your baby swallow your first letdown's milk, and then, instead of clamping down and pushing forward, you clamp down and push back onto the breast tissue to stop the flow. Wait until your baby takes a pause from eating, then loosen your clamp. Repeat this for the rest of the feeding until your baby is done eating. Again, your pediatrician or lactation

consultant will be the best person to let you know if this is appropriate for you.

3. SUPERHUMAN LEVELS OF FATIGUE

When you are a new parent, sleep deprivation is your biggest enemy. Not only is your baby feeding every few hours, but the hormones and anxiety coursing through your body often sabotage any hope of rest. In this heightened state of alertness, you will notice every little sound your baby makes, making it really difficult to get the shut-eye you need. After a few weeks, your hormones will settle down, and you'll be in a better rhythm with your baby, but you'll also be left feeling exhausted and behind the eight ball.

WHAT CAN YOU DO ABOUT IT?

Have times in the first few weeks every day when you are completely off duty except to feed. Put in earplugs, go to a separate area of the house, and have your partner come get you up when your baby needs to eat.

Before the nighttime activity gets going, rest. Going to bed at about 7 p.m., after you do your last evening feeding, allows you to get in a solid one or two (maybe three) hours before the night shift starts. Have the baby in a room with another awake caregiver while you sleep solo for a few hours before nighttime really hits. The point is to get some solid shut-eye without interruption. Then, when you get woken up again a few hours later for your baby's next feeding, you know you at least have those few hours under your belt. Then, you can move your baby to your room when he's ready, finally, to sleep as nighttime officially starts.

4. BOREDOM WITH YOUR BABY

When babies are first born, they don't do much. They sleep and eat and then sleep some more. When they are awake, it can be difficult to know how or if to stimulate them. Should you buy a bunch of developmental toys? Does your baby need fancy activity mats or baby flash cards? Not necessarily.

WHAT CAN YOU DO ABOUT IT?

Instead of focusing on commercial products, go back to basics. Read, read, read. It doesn't have to be baby books during that first month either. Read your own novels out loud. Reading and talking to our babies enhances communication, reduces frustration as they learn to ask for what they want and need, fosters social connections, and builds parent-baby bonds. Research also shows that the more words parents use when speaking to an eight-month-old infant (it can be a difference of 30 million words from one family to another!), the greater the child's vocabulary will be at age three.

Babies love it when the people they love sing to them, look into their eyes, or dance around the house (safely) with them.



Oh, to sleep like a baby! The expression, unfortunately, doesn't always live up to its promise in the real world. Here's the scoop on what you can really expect when it comes to sweet dreams.



Four Newborn Sleep Truths You Need to Know

Babies don't get it. Babies don't realize we're living in the modern world. They have no idea that you have a limited maternity leave. It doesn't matter to them that you've already lived 35 years and have a social life. They certainly don't care if you have a certain level of sleep you're used to. Their needs and desires are the same as the needs babies had thousands of years ago.

When they are first born (and for the first three months afterward), they want only to keep things going as they were in that blissful, dark, loud, warm, cozy womb from which they just came.

Babies are mixed-up.

Newborns have their days and nights completely switched up. Before birth, your baby is swayed by the motion of your body

throughout the day, lulled to sleep by the small and large movements you make. At night, it's party time. It's reassuring on some level to feel a baby kicking around all night long, but it's also hard to get any shut-eye some nights. All throughout the night, your body is not in motion, so your baby thinks it's time to get active. Once you deliver your newborn, it takes a while for him to catch the drift that night is actually night and day is actually day.

You get it: You realize you live in the modern world. Sound obvious? It's not. Somewhere along the line, people tend to forget a basic premise: this is not like all the modern things you typically do. They start trying to fix things instead. They try to make their baby get onto a sleep schedule starting week one. They buy every product on the shelf. They fight and fight to get their baby to sleep. Sometimes you just have to let it ride out, at least for a little while.

Babies don't always follow the book: Your baby may not do what the baby sleep books tell him to do. If someone promises to get every baby to sleep well every night with a certain set of methods (usually available for purchase), you've gotta be a little wary. I mean, come on, you are smart enough never to buy that when it comes to anything else in your life (think get-rich-quick schemes and perfect beauty tricks), so why would it be true for baby sleep when families and babies are all so individual? No, babies are like Frank Sinatra — they do it their way.

A child's temperament is a huge influencer of how well he sleeps from the very, very beginning. Environment and parents sure help, but in the end, temperament always plays a huge role. Some babies are just better sleepers than others. I'm not telling you this to scare you. I'm telling you because if you have a baby who doesn't like to sleep or has a hard time getting into

the rhythm, you shouldn't beat yourself up about it. It is not your fault. It's just the way your sweet baby is wired.

Repeat after me:

“I will
get
through
this.”

Five Steps You Can Take to Optimize Your Newborn's Sleep



Set yourself up for success: Create an environment that is conducive to good sleep. Make the room dark; get the white noise going. Watch online videos of how to soothe your baby. Don't expect that it will work perfectly. You want to avoid feeling stuck, as if you have no tricks up your sleeve. Get the basics down ahead of time and add to your toolbox as you go, making lists of calming tricks if you need to and putting them onto your fridge or phone so that you can refer to them as you get familiar with what works for your baby.

The AAP recommends that babies be put to bed by themselves onto their backs on a flat surface with a tightly fitted sheet and no extra bedding or pillows to prevent sudden infant death syndrome. When swaddling, make sure that the baby's hips and legs are slightly flexed, instead of fully straightened, and that the legs are not too tightly wrapped. This prevents problems with the development of the hips. Sleep sacks can keep the hips in a better position.

Address your own sleep needs: You need to feed your baby really frequently in the early days and weeks, but you don't need to be the only one who soothes her in between feeding sessions. That means your partner (or someone else — a family member or a postpartum doula) needs to step in and become Soother-in-Chief for a while. Otherwise, you will be at higher risk for postpartum depression and anxiety, possibly resent the people around you, and be less able to enjoy your baby during

the day. If (again, back to our ancestors) you lived with all twenty of your favorite relatives in one common dwelling, this would be easy. In our culture of isolation, though, it can be tricky for some new moms to find help. But it is so very worth it. Even if you have someone designated as a Soother-in-Chief every other night for a week, it will do wonders for your mental and physical health. The whole point is having a time in the future you can look forward to when you know you will get sleep (even if that time is two days away).

Put your baby to sleep awake: While your baby is still in the snoozy phase, try to put your baby to sleep while he is still slightly awake so that he gets used to falling asleep on his own.

Create a safe sleep environment: [The AAP](#) recommends that babies sleep in their parents' room for six months to a year after birth but not in their parents' bed. Remove all blankets, pillows, and bumper pads from your baby's crib. Babies should be placed onto their backs on a firm sleep surface, such as a firm crib mattress with a fitted sheet. Don't sleep in recliners or couches with your baby. The risk of unintentional suffocation is higher than in a bed.

Wait it out: Be patient with your baby and with yourself. For some babies, sleep is great right away. For others, you've got to wade through the murky water until you get to the fresh stream a little farther ahead. Use your resources and mindfulness, just like you would for any other challenging obstacle in your life. Of course, there are exceptions. As previously noted, if your baby seems excessively fussy or you are concerned about illness, seek help from your baby's pediatrician. And if things seem to be haywire in the feeding department, consult a lactation consultant.



It can take a while for your Mama instincts to kick in with your first baby. In fact, that's perfectly normal. As you get the hang of motherhood, however, you can rely on the following to help calm your baby down during those inevitable fussy periods. (Just make sure you try feeding, burping, and a diaper change first.)

Using a Baby Swing or Other Mechanical Devices

During the day, baby swings and other mechanical soothing devices can be super helpful if you are observing your baby in them and your baby is awake. Just remember that, once you get your rhythm with feeding, your goal is to get your baby to engage in less rocking and swaying during the day. And don't use them to rock your baby to sleep — they are not designed for safe sleeping.

- **Carrying Your Baby:** Sometimes the low-tech option is best. Not only is it free and instinctive, but carrying your baby has been proven to reduce colic and to help you bond with each other.
- **Soothing Yourself:** Soothing your baby falls into two categories: getting ahold of yourself and then attending to your baby's needs. You've heard the phrase on an airplane, "Put the mask on yourself first"? That applies here as well. Our [Mama Reset Self-Care Retreat \(at Home\)](#) has more solutions as you learn how to care for yourself while learning to care for another human being.

Our goal as parents should be to mimic the intrauterine environment for our babies. That is to say, they respond well to situations where it's dark, very loud (think rushing blood and a loud heartbeat), almost constantly in motion (except when you are sleeping — that's why babies tend to be more active in the evenings), and snug and secure.

Specific Soothing Techniques

Dr. Harvey Karp describes in his book, *The Happiest Baby on the Block*, five specific soothing techniques you can use with your newborn to mimic the womb.

THE 5 S'S

1 SWADDLING

2 SIDE OR STOMACH PLACEMENT

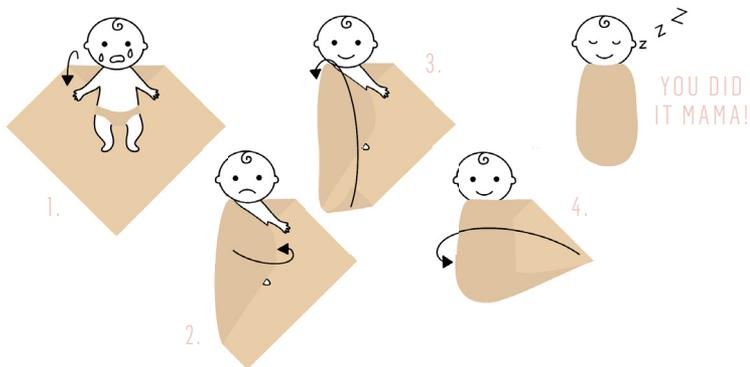
3 SHHHHH

4 SWINGING

5 SUCKING

[Learn more about the 5 S's.](#)

How to Swaddle a Baby



Step 1: Fold down upper triangle. **Step 2:** Fold one side over baby and tuck snugly behind bottom. **Step 3:** Fold lower triangle up. **Step 4:** Fold last side over baby and tuck snugly behind baby.





Finding Assistance from Lactation Consultants and Doulas

The best way to receive the right lactation help is to know your lactation resources and have them set up before you have your baby.

In-Home Lactation: If you can swing it financially, having a board-certified lactation specialist who comes to your home multiple times in the first few weeks is best. These specialists can assess your individual needs in your home environment. They should also be able to help you get through any bumps in the road, because they are working directly with you and seeing your home setup.

When searching for a specialist, make sure you look for someone who has a current International Board-Certified Lactation Consultant status. That way, you'll find a credible and reliable consultant who is as up-to-date as possible on current breastfeeding recommendations.

Clinic-Based Lactation: Call your potential pediatric office to see whether they have someone there who can help you. If they have someone who comes into each first visit, great. If not, ask for that once you arrive for your first baby appointment.

Hospital-Based Lactation: These experts are invaluable. They'll work with you right after delivery to help you feel confident in the first several days postpartum, but they'll also provide breastfeeding support to moms who have questions and need extra help after they leave the hospital. Hospital-based lactation specialists are especially important for moms who live in geographic areas without many other community lactation resources. If you're considering using a hospital-based lactation specialist after your hospital stay, ask the hospital staff for help setting up your appointment so that you have less to arrange when you're back home.

Doulas: Doulas can work well if they are board-certified in lactation as well as certified to help with your postpartum care. You're not just looking for opinions here; rather, you want someone who is confident and knows what is being talked about from a trained perspective.





Doctor's Note

Thanks so much for joining us as we explored how to take care of you and your newborn. We'd love to know what you thought of this program — [send us an email](#) to share your thoughts. Your feedback means a lot to us!

We're in your corner, Mama!



Dr. Whitney

WHITNEY CASARES

M.D., M.P.H., F.A.A.P.

Author, *The New Baby Blueprint: Caring for You and Your Little One*

Host, The Modern Mommy Doc Podcast

Founder, Modern Mommy Doc



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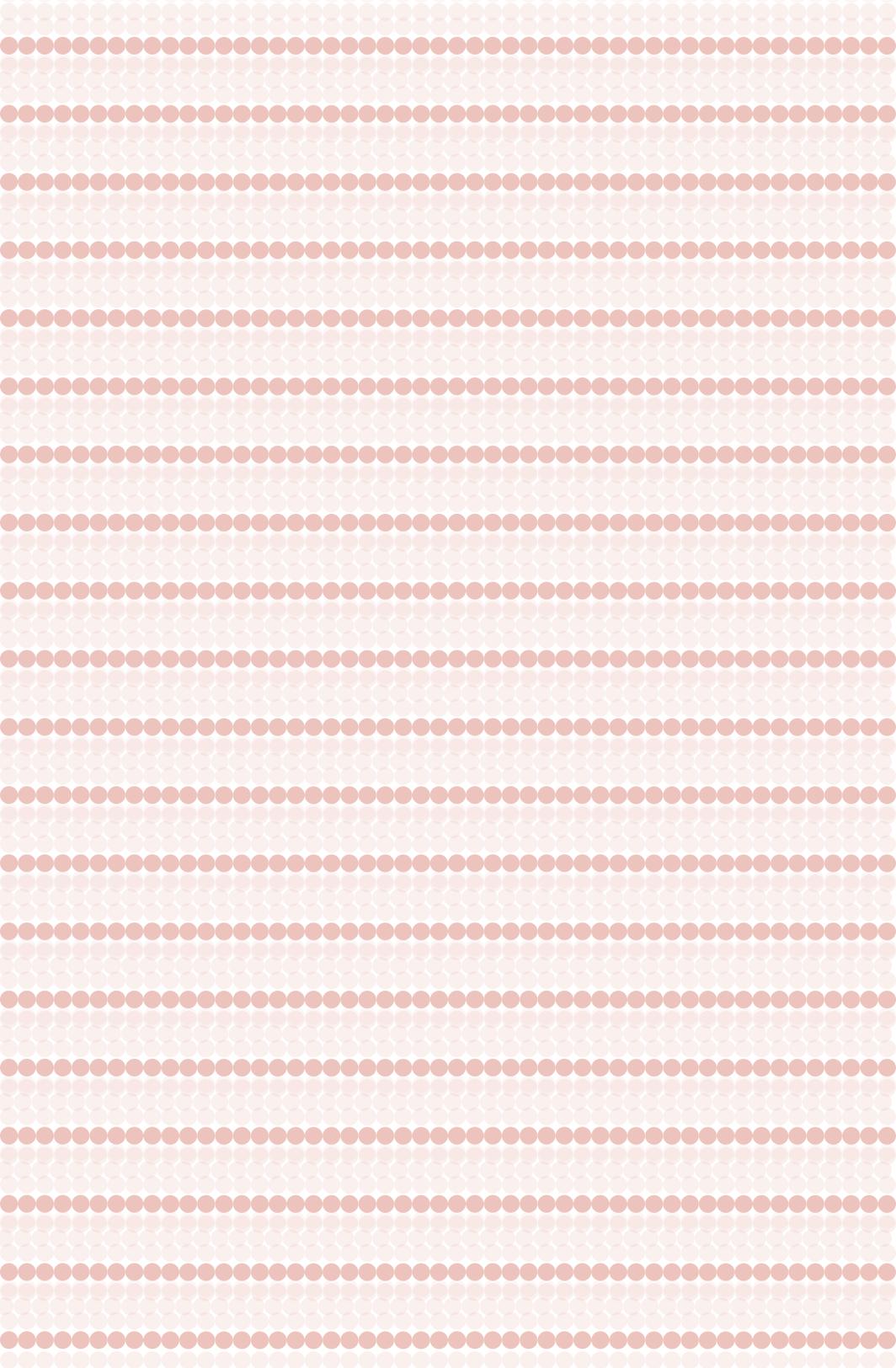


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Where to Find Lactation and Breastfeeding Resources:



Podcasts



Social Media

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Modern Mommy Doc

@birthingstonedoula
Doula Support and Services

@healthychildrenaap
Pediatric Medical Advice

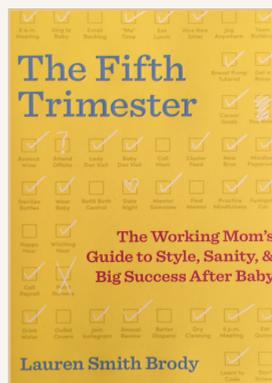
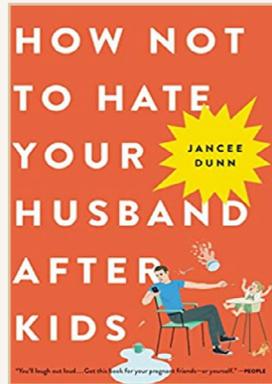
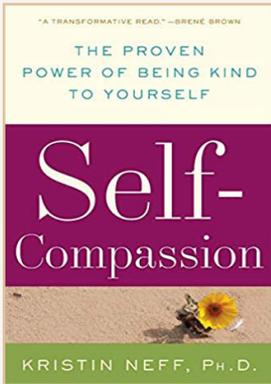
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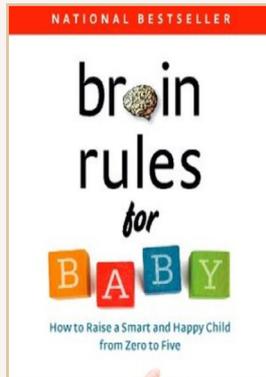
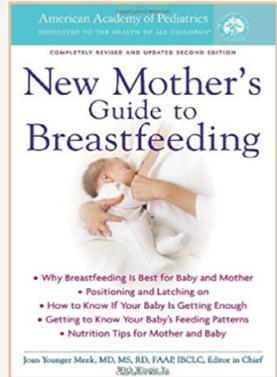
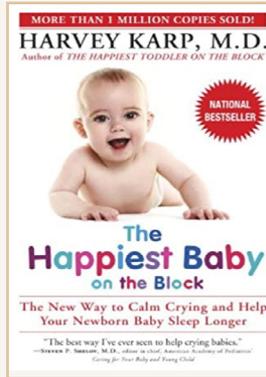
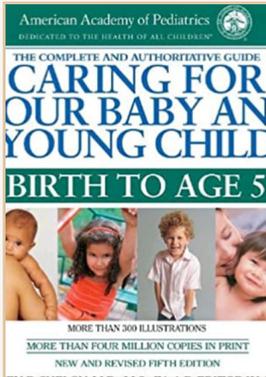
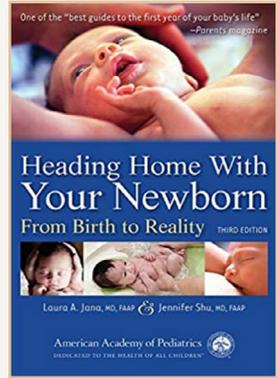
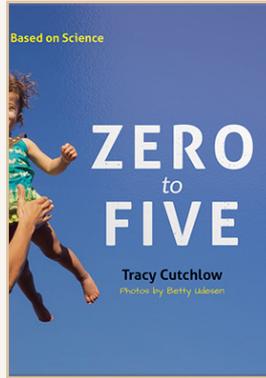
Taking Care of Mamas and Their Partners

BOOKS:



Taking Care of Babies

BOOKS:



ONLINE:

[YoYoYogi Online](#)

This two-week pass provides free, unlimited access to 100+ offerings on YoYoYogi's online platform: YoYo on the Go! Enjoy full-length yoga classes, fitness classes, and stretch-outs as well as guided meditations at home, on the road, or wherever you may be!

[Alavita Nutrition](#)

[The Balanced Life Online Pilates](#)

[The Center for Mindful Self-Compassion](#)

[International Board Certified Lactation Consultants](#)

[Stanford University Newborn Nursery Breastfeeding Videos](#)

[Certified Doulas](#)

[The Returnity Project](#)

[New York Times Parenting](#)

[Baby Blues Connection](#)

[Postpartum Support International](#)

[The Official Website of the American Academy of Pediatrics](#)

PROGRAM REFERENCES

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