
Pampers[®]
New Parents' Guide

Created in collaboration with
The Childbirth Education Association of Cincinnati

Congratulations!

Congratulations on your pregnancy! Whether you've been planning for years or you received a happy surprise, we're honored and excited to support you through one of the most unique and exciting chapters in your life.

You may feel a range of emotions about becoming a mom (anxious, eager, scared), and you'll probably have some questions along the way.

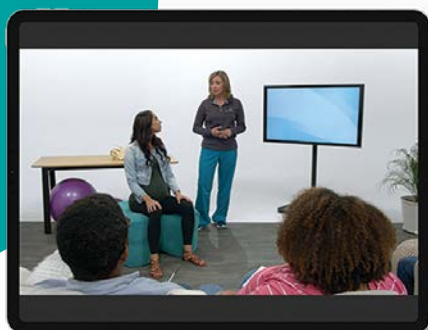
Together with the Childbirth Education Association, we've compiled the information and resources you need to feel confident and prepared when your new baby arrives. We want to help you navigate your pregnancy journey with as little stress as possible, so you can focus on what matters most:

welcoming your new baby with
joy and love.



Childbirth Education Video Series

To help families prepare for everything from pregnancy to postpartum, Pampers developed a nine-part Childbirth Education Video Series to help supplement this guide. Visit [Pampers.com](https://www.pampers.com) to learn more.



Your Baby's Development (by trimester)

First Trimester (1-12 Weeks)

1 In the weeks following conception, your baby starts to develop its brain, spinal cord, heart and other organs.

- The neural tube along your baby's back starts to close, forming a C-shape along the spine and giving it a curve that your baby will maintain for much of the pregnancy.
- Structures in and around your baby's head and nose form, like the eyes and ears.
- The eyelids and external ears continue to develop while your baby's length increases to about 2 1/2 inches.

Second Trimester (12-28 Weeks)

2 After the first 12 weeks, the second trimester begins, and fetal development is well underway.

- In the coming weeks, you will be able to tell the sex of your baby and begin to feel movement.
- Your baby's toenails, hair and lungs grow.
- As your baby's ears begin to stand out, they are able to hear and respond to familiar sounds, like your voice.



First Trimester



Second Trimester

Third Trimester (28-40 Weeks)

The final stretch!

- You may feel your baby kicking and stretching more prominently because of their rapid weight gain, causing the skin to become pink and smooth rather than wrinkled.
- Your baby's brain is developing rapidly at this time, and they can respond to light and noise.
- Most internal systems are well developed (kidney, liver, central nervous system), but the lungs may still be immature until they are fully developed at 36-37 weeks.



As your due date approaches, remember that it is a calculated estimate and may change. It is normal to give birth before or after your due date.



Third Trimester

Your Baby's Doctor

You will want to make sure that you have a pediatrician or family doctor in place for your child because you will need to list a primary care doctor before you are discharged from the hospital.




Physical Discomforts

Nausea and Vomiting

Many women experience nausea and vomiting during the early months of pregnancy because of hormonal changes, emotional upsets, the slowing of your digestive system or decreased blood sugar.

If you experience nausea or vomiting, some of these suggestions may help:

- 
- Try getting up slowly in the morning; avoid sudden movements.
 - Eat 5-6 small meals per day. Do not overload your stomach with too much food, and do not go for long periods without food.
 - Drink fluids between meals.
 - Avoid spicy, greasy, fried foods.
 - Eat foods high in carbohydrates (potatoes, cereal, pasta, crackers, bread).
 - Avoid caffeine.
 - Sniff a freshly cut lemon or try lemon drops.
 - Keep crackers or dry cereal beside your bed and eat a small amount of food before you get up.
 - Avoid strong smells.
 - Try taking prenatal vitamins after dinner or at bedtime.
 - When you feel nauseous between meals, try food or drinks with ginger or peppermint.



Fatigue

Because of all the changes happening in your body, you may find yourself especially tired during the first few months.

- Make sure to get plenty of rest at night and nap during the day if possible.

Shortness of Breath

Your growing uterus puts pressure on some of your internal organs and your diaphragm (the muscle that helps you breathe), restricting your lungs' ability to fully expand. When the baby drops down into the pelvis (i.e. lightening), you will feel some relief.

In the meantime:

- Sleep on your left side to relieve pressure and add an extra pillow when needed.
- Wear loose, comfortable clothing, specifically around your waist or chest.

Report any severe or recurring shortness of breath to your health care provider.

Constipation & Hemorrhoids

As your digestive system slows down to better transfer nutrients to your baby, your bowel habits will change as well.

- Drink plenty of fluids.
- Eat high-fiber foods like raw fruits and vegetables and whole grains.
- Exercise.
- Do not strain to have a bowel movement.



Your body is doing a lot of work — give it the care that it deserves!

Gas and Heartburn

The slowing of your digestive processes and digestive muscles causes side effects like gas and heartburn.

To alleviate these symptoms:

- Chew your food thoroughly and avoid gas-forming foods (fatty, greasy and spicy foods).
- Drink liquids at least 30 minutes after eating.
- Do not eat or drink an hour before bed.
- Use pillows to elevate your body while sleeping.

Body Aches & Pains

Increased pressure from the uterus on the muscles and blood vessels may lead to leg cramps, varicose veins, and backaches. Body aches may be due to improper posture, the relaxation of joints and the position of your baby.

- Try pelvic rocking on your hands and knees to increase pelvic and leg circulation, and maintain good posture throughout the day for relief.
- It is also helpful to elevate your feet frequently, wear loose clothing, and avoid long periods of standing or walking.
- Stretch out any leg cramps by pulling your toes toward your knee while keeping the cramped leg straight.



Exercise

Always check with your health care provider before beginning an exercise program. Avoid strenuous exercise or any exercises that involve lying on your back for long periods of time.

- Make sure your back and pelvis are always stabilized, and you should stop exercising immediately if you experience any bleeding, contractions, dizziness, nausea or vomiting.
- Going for a walk or taking a yoga class are examples of good, healthy exercise.

Support During Pregnancy



How Your Partner Can Get Involved

- Your partner can go to any checkups and ultrasounds. This is a great time to ask questions and learn more about the process together.
- Have them spend time talking, reading or singing to your baby. Your baby can hear you both and will start to recognize your voices!
- Ask them to create a playlist to help you relax during labor and birth.
- Together, make a list of people to call when you go into labor or give birth. You're going to be pretty busy when the day comes, so your partner will be in charge of spreading the good news.

Diet/Nutrition

Food

Good nutrition is always encouraged, but your health becomes especially important when you are pregnant or breastfeeding. A well-balanced diet with a variety of nutrient-rich foods that is low in empty-calorie (nutrient-poor) foods will ensure proper nutrition for both you and your baby.

- Eat nutritious foods containing carbohydrates, protein, good fats (olive oil, nuts, sunflower kernels, fish, avocado, etc.), vitamins and minerals.
- Include a variety of fruits and vegetables, whole-grain foods, milk and dairy products or dairy substitutes, lean meats, eggs, beans or other protein-rich foods.
- Limit foods and drinks high in sugar (soft drinks, pastries, etc.) because they are high in calories and nutrient-poor.
- www.myplate.gov is a useful tool to determine how much of each food group you should have every day.

Drinks

- Continue drinking water throughout the day to ease heartburn, constipation and other uncomfortable symptoms.
- Choose herbal teas with ingredients regularly found in the diet, such as cinnamon and orange rind.
- Use sugar substitutes in moderation.



Foods to Avoid

While there are many foods you are encouraged to eat for a healthy pregnancy, there are also foods that you should avoid.

Listeria is a bacteria that can develop in certain foods and may cause problems for you and your baby, like premature delivery or a miscarriage.

Do not eat soft cheeses.

Avoid feta, Brie, Camembert, blue-veined cheeses and Mexican-style cheese such as “queso blanco fresco,” unless made from pasteurized milk. Read the ingredients list to see if the milk is pasteurized. Hard cheeses such as mozzarella, colby, Swiss, cheddar, pasteurized processed cheese slices and spreads, cream cheese and cottage cheese can be safely consumed.



Do not eat hot dogs, lunch meats or deli meats.

They are considered to be unsafe unless they are reheated until steaming hot.



Do not eat raw shellfish like oysters, clams or mussels.

Women who are pregnant and breastfeeding should also avoid fish containing high levels of mercury like swordfish, shark, tuna steaks, king mackerel or tilefish (golden or white snapper). For more information, visit www.fda.gov/fishadvice.





Drinks to **Avoid**

Limit caffeine intake.

Caffeine is a stimulant that passes through the placenta to the baby and through the mammary glands into breast milk, so it should be limited during pregnancy. It is also a diuretic and interferes with mineral absorption. Limit caffeine to less than 200 mg/day.

Avoid alcohol use.

Alcohol can be harmful because it passes directly through the placenta to the fetus soon after you consume it. This can cause fetal alcohol syndrome and fetal alcohol birth effects.

Do not drink unpasteurized milk, juice or cider.



Important Nutrients in Pregnancy

Iron

During pregnancy, additional iron is needed to support an increase in blood supply, the placenta and your growing baby. You will need about twice the amount of iron (27 mg per day) during your pregnancy that you would need while not pregnant. High-iron foods include red meat, fortified grains, spinach, eggs and legumes.

Vitamin D

Adequate vitamin D is important for bone health and may decrease the risk of preterm birth, low birth weight, gestational diabetes and pre-eclampsia. Good sources of vitamin D are fortified foods including milk and milk products, juices, salmon and canned light tuna fish.

Omega-3s

These essential fatty acids have been shown to help with babies' brain and eye development. Try to eat low-mercury fish at least twice a week (e.g., salmon, canned light tuna, etc.).

Calcium

Calcium is an important mineral for the proper development of your baby (bones, teeth, heart, nerves and muscles). It can also decrease your risk of pregnancy-induced hypertension and pre-eclampsia. Include approximately three calcium-rich foods daily or about 1000 mg. (e.g., milk, cheese, yogurt or calcium-fortified foods like orange juice and milk substitutes).

Prenatal Vitamins

Take your prenatal vitamin daily, as well as other prescribed vitamins and minerals. Your prenatal vitamin should contain at least 400 mcg of folic acid.



It's never too late to start taking your prenatal vitamin!

Ideally, you should start taking the vitamin before conception and through pregnancy and breastfeeding and continue taking it throughout your childbearing years.

Labor & Birth Options

When it's time for delivery, there are a lot of options for how, when and with whom you bring your baby into the world.

Support Staff

Doula: A doula is a trained professional who supports mom during birth.

This includes making sure that all involved parties adhere to the birth plan and allowing your partner to be involved in the birth as much as they (and you) would like.

Midwife: Certified nurse-midwives are certified by the American College of Nurse-Midwives and are formally trained in nursing and midwifery. They can provide prenatal care and will also be present at birth.

Doctor: Many women will see an obstetrician/gynecologist for their prenatal care who is then also present at birth. This can be comforting over the course of your pregnancy because the doctor is familiar with your health and situation.

Nurses: Nurses are trained to assist and guide you through your perinatal (before, during, birth) experience. A variety of nurses will be present during your labor to assist you and the doctor.



Labor Intervention

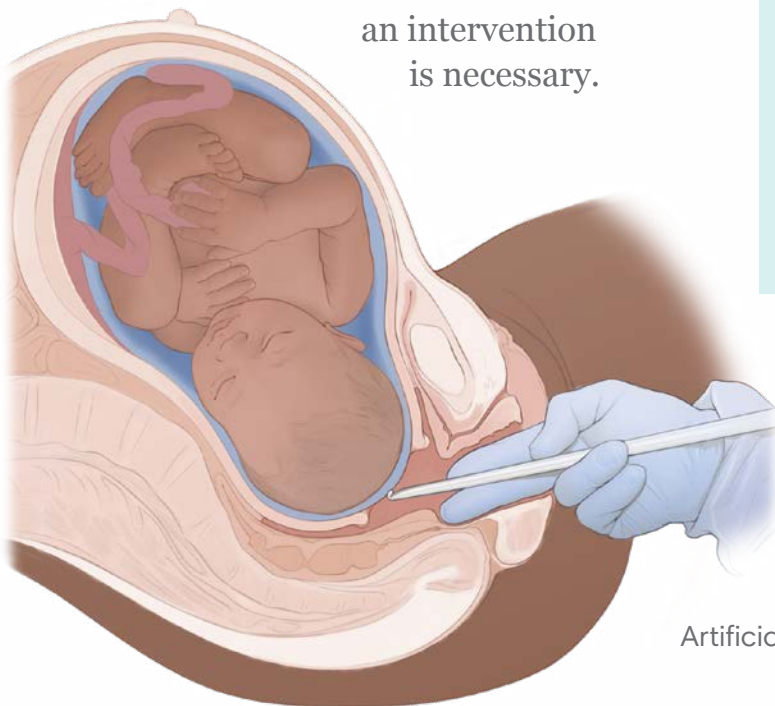
An intervention is any action that clinically helps in the labor process.

This may include:

- Increasing labor contractions with Pitocin (a medication used to induce labor)
- Artificially rupturing your amniotic membrane
- Using forceps/vacuum extractor to help your baby move down the birth canal

During labor, your baby will be monitored intermittently or continually for signs of distress. The monitor will track your baby's heart rate in response to contractions over a period of time for signs of distress. Your health care providers will use this

information to decide if an intervention is necessary.



Artificial Amniotic Rupture

If your health care provider recommends a labor intervention, use this acronym to help you ask the right questions and make an informed decision.

Benefits to mom and baby

Risks to mom and baby
Always ask what the benefits and risks are to both you and baby for any suggested intervention in your labor.

Alternatives
You can also ask if there are any alternatives to what is suggested.

Intuition
Always share your intuition or feelings on the situation and recommended course of action.

No or not now
Lastly, because it is your body and your choice, you can refuse a procedure, or put it off for the time being.



Pain Relievers

Narcotic analgesics, or pain relievers, are used only in early labor. These medications cross the placenta and can affect the baby but are generally safe to use if you are more than two hours from delivery. They can be given either as a shot or through an IV and usually take effect very quickly. They do not necessarily remove the pain or the sensation of the contraction; they alter your perception of the pain.

The risks of pain relievers should also be considered. Pain relievers pass through the placenta to your baby and can affect your baby's breathing if given too close to delivery. Some medications can cause sleepiness or grogginess; therefore, you will need to be in bed for the duration of the side effects. Bed positions do not have the advantage of more upright positions, which use gravity to their advantage.

Epidural

An epidural is the most common choice for labor. Epidurals may lower your blood pressure, so IV fluids are required before an epidural can be started.

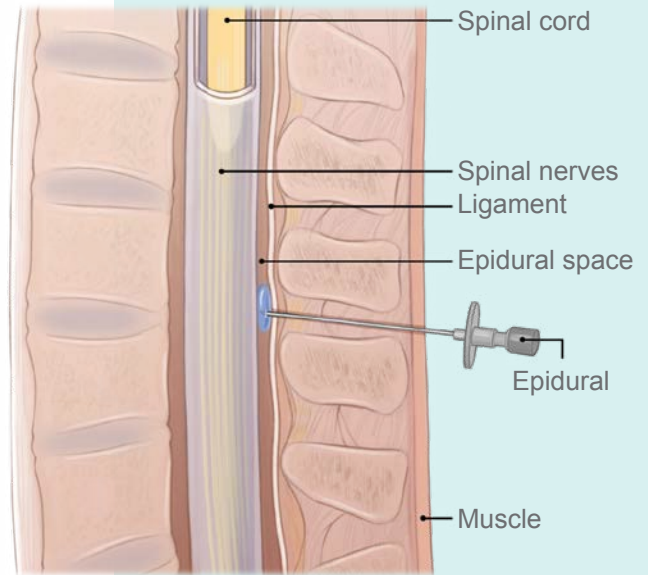
- You will be positioned to curve your spine inward to create space for the needle. Once your skin is cleaned and numbed, a needle is guided between the vertebrae into the epidural space.
- When the needle is in the proper position, a catheter is fed through the needle to deliver the medication.
- An epidural causes a loss of sensation from under the breasts to the toes, though the amount of numbness and ability to move varies.
- The “urge to push” sensation may be felt as pressure or may not be felt at all.

Spinal Anesthesia

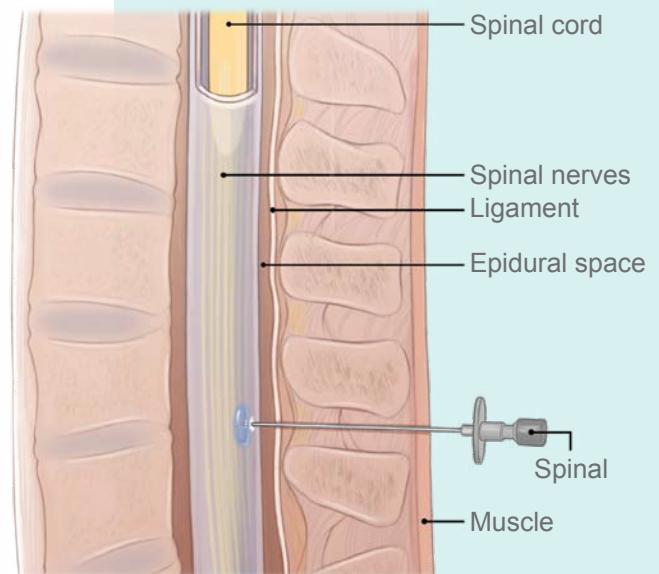
Spinal anesthesia is used for birth only.

- The procedure is similar to an epidural, but instead the needle goes through the epidural space into the spinal fluid.
- The medication is delivered through the needle, and then the needle is withdrawn.
- Numbness below the injection site is immediate.

It takes a couple of hours for a “return to normal” sensation after the epidural is discontinued. You may also require oxygen after receiving an epidural. Because of the risk of low blood pressure, which affects the amount of blood and oxygen being delivered to your baby, your baby will be constantly monitored afterward.



Epidural



Spinal Anesthesia

Birth

Natural Birth

You can deliver a baby without any medication by focusing on your breathing and remaining calm throughout labor to work through the pain. Other natural options include a home birth or water birth, both of which can be performed without medication **but should be approved by a health care provider.**

Cesarean Birth

If a vaginal birth is not possible, your baby will be born by cesarean. Once the decision is made, preparation for surgery often moves rapidly.

Most of the time, epidural or spinal anesthesia is used to allow you to be awake during the birth.



Cesarean Birth



Breech birth refers to a birth in which the baby's **buttocks or legs sit low in the pelvis.** Talk to your health care provider about options for trying to turn the baby into a head-down position before your final weeks of pregnancy. In most cases, a cesarean delivery is performed.

There are two kinds of C-sections:

Planned or Non-Emergency:

If you develop pregnancy complications or you've had a previous C-section and aren't considering a vaginal birth after cesarean (VBAC), a C-section might be planned ahead of time.

Emergency: If there are complications that could harm you or your baby, immediate delivery through a C-section might be the only option.

Pre-Labor Signs

There are several ways that your body may indicate the onset of labor. These signs will not always happen in order, so pay attention to your body and look for the common signs of labor to know when to leave for the hospital.

Lightening

This is when the baby's head engages in the pelvis and starts to move lower into your abdomen. You may begin to notice that your pants suddenly fit differently, or people may comment on how low you are carrying the baby.

“Nesting”

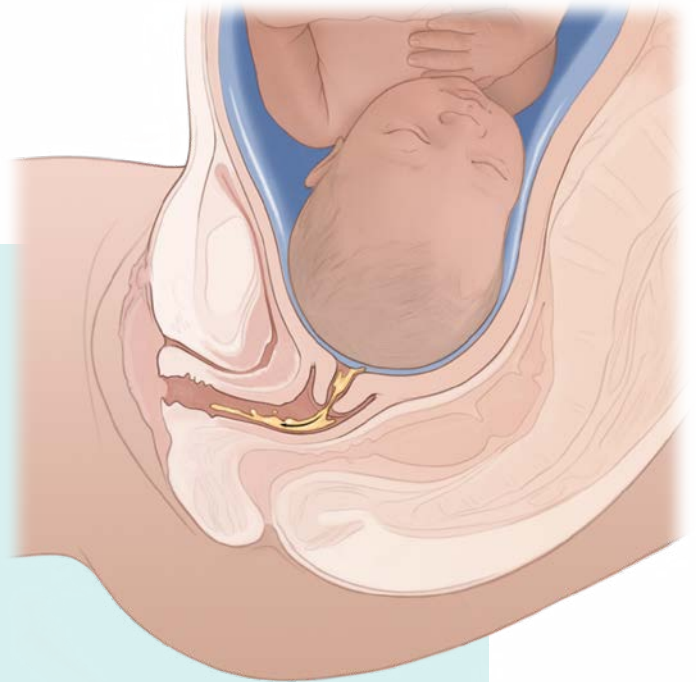
You may notice a surge of energy in the last few weeks of your pregnancy. This is sometimes called the nesting instinct. It is a true physiological happening that is named after the instinct birds have to prepare a nest, or home, for their baby's impending arrival. Use the resurgence of energy to take care of yourself and prepare your home for your baby. This is a good time for cleaning your baby's clothing and bedding, as well as installing their car seat. If this is your first time installing a car seat, you can seek the help of a certified car seat technician.



Braxton-Hicks Contractions

Braxton-Hicks contractions, or “false contractions,” are intermittent, usually painless uterine contractions occurring during late pregnancy. Braxton-Hicks contractions can be triggered by your activity, dehydration, a full bladder and sex. They do not increase in frequency and are irregular, with no change in length and intensity. This is the uterine muscles’ way of strengthening themselves for labor.

If your contractions become more rhythmic, frequent or painful, you should call your health care provider.



Losing Mucus Plug

Losing Mucus Plug

Losing your mucus plug does not necessarily mean that labor is starting. It means that your cervix is starting to dilate and that your body is preparing for labor. It is normal to lose the mucus plug anytime from a couple of weeks before labor starts to immediately before the start of labor.

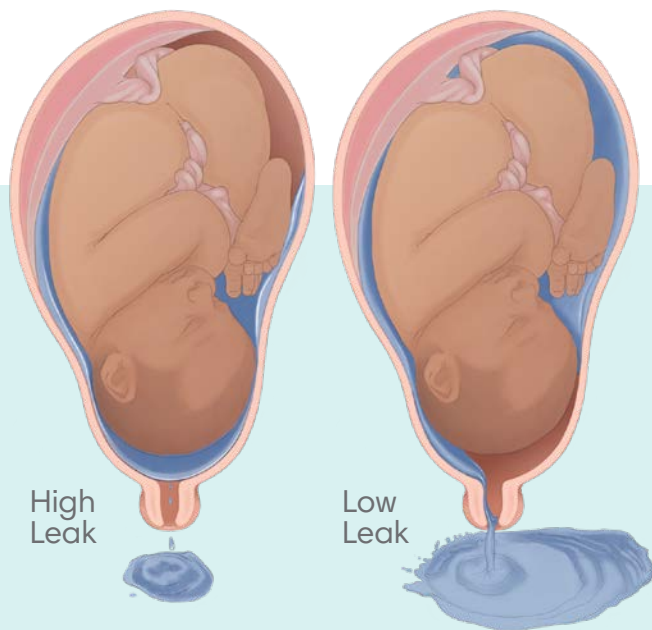
Early Labor Signs

Bloody Show

As the cervix begins to thin and open, it releases mucus and causes small blood vessels to break, resulting in a bloody show. The bloody show should appear as pink tinged mucus, NOT as active red bleeding. Significant amounts of bright red bleeding during pregnancy should immediately be reported to your health care provider.

Regular Contractions

The muscle fibers of the uterus can contract or shorten, making the uterus feel hard. Most women feel like true labor contractions start in the lower back and wrap around the abdomen. Your uterus uses contractions to do the work of labor, which may occur from 20 to five minutes apart, gradually coming closer together. Usually, they will start out short (lasting about 30 seconds every 20 minutes) and gradually increase in length, frequency and intensity. Once your contractions are happening in a consistent length and frequency, you are entering true labor.



Worried About Your Water Breaking?

Many women worry that their water will break when they are least expecting it and least prepared for it. While having your water break is a sign of true labor, it only happens as the first sign of labor in 10% or less of pregnancies.

If your water does break, it is important to know that it could happen as a large gush of amniotic fluid, or a slow, but steady trickle that may be confused with urine leakage. Urine has color and odor and usually stops after emptying the bladder, while amniotic fluid is typically clear and odorless and leakage would continue even after emptying the bladder. **If the fluid is green, brown or has a foul-smelling odor, be sure to tell your health care provider.**

Stages of Labor

1 First Stage

The first stage of labor has three phases: early, active and transition.

Early Labor

Early labor tends to be the longest phase of labor, lasting up to 12 hours or more.

You can usually maintain normal activities during this time. Take advantage of the ability to rest while you can and save your strength!

Contractions are generally mild and tend to last less than a minute, with about 20 minutes between contractions that gradually come closer together. These contractions begin to efface (thin) and dilate (open) the cervix.

- **Breathe.** Breathe slow and easy, in and out through your nose, using a rhythmic pace.
- **Relax.** Stress or fear can prolong labor. Focus on your breathing or relax in another way.
- **Prepare.** Conserve your energy and eat small, light snacks.

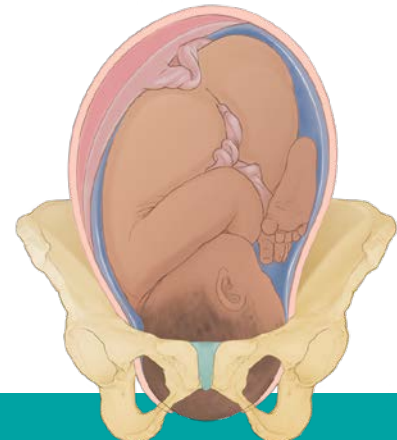
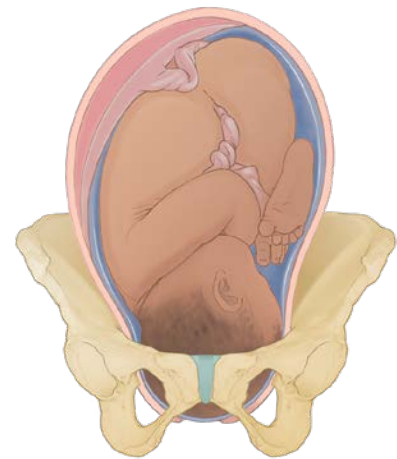
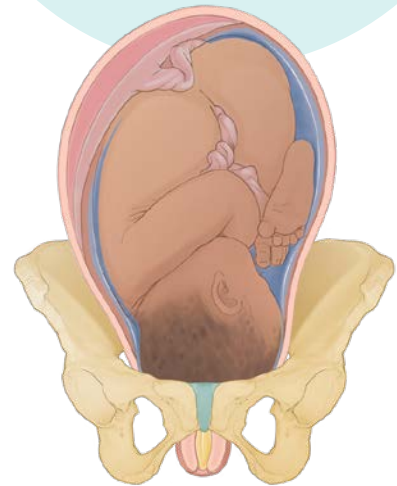
The length of a contraction is timed from the start of the contraction to the end of the contraction. The frequency is timed from the start of one contraction to the start of the next contraction.

To track your contractions, you can use a labor app or a cellphone timer so you can focus on other things.



The 5-1-1 rule:

Most health care providers will want you to transfer to the hospital when your contractions are five minutes apart, each contraction lasts for a full minute and they have been in this pattern for one hour.

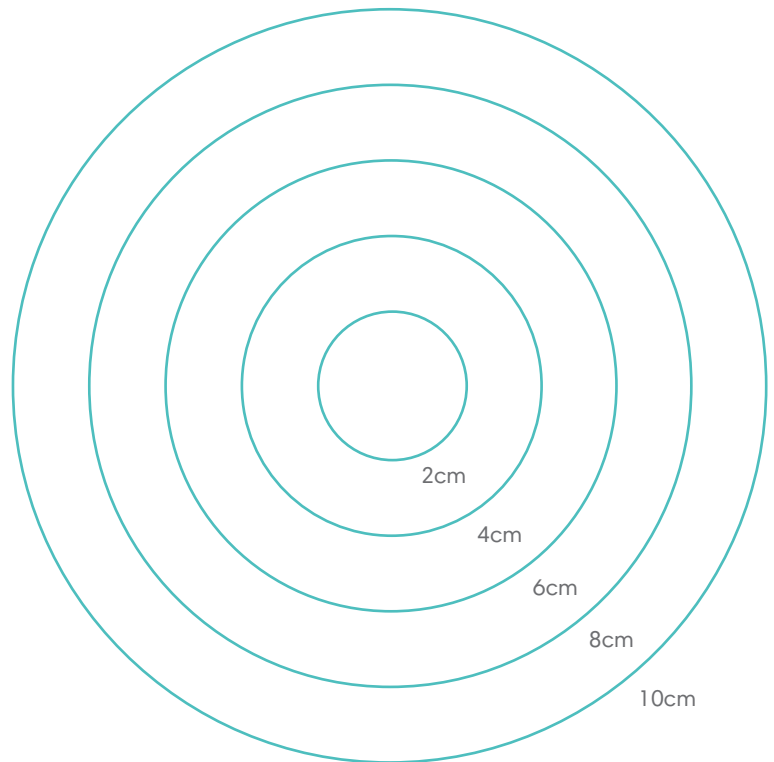


Active Labor

During this phase, the cervix dilates from six to eight centimeters. The active phase can last two to six hours or more. Contractions grow progressively stronger and longer during this time, lasting 60 seconds or more and coming every two to five minutes.

- Continue to try to stay relaxed during contractions.
- Breathe deeply in a comfortable, rhythmic pace — in through your nose and out through your mouth.
- Go to the bathroom often.

If you are medicated, rest and turn from side to side every half hour using a peanut ball between your legs.

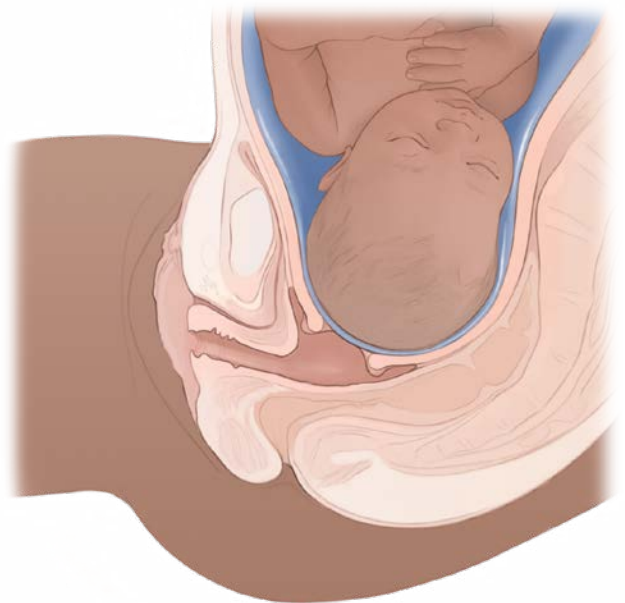


Circles show actual diameter in centimeters.

Transition

During this phase, contractions are very intense, lasting 60 to 90 seconds and occurring as close as every two to three minutes. Transition is the most intense period of labor, but also the shortest, lasting anywhere from a few minutes to a couple of hours.

Once the cervix is fully dilated (10 centimeters), 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. Notify your nurse so they can check your progress. This sensation also may feel like you need to move your bowels.



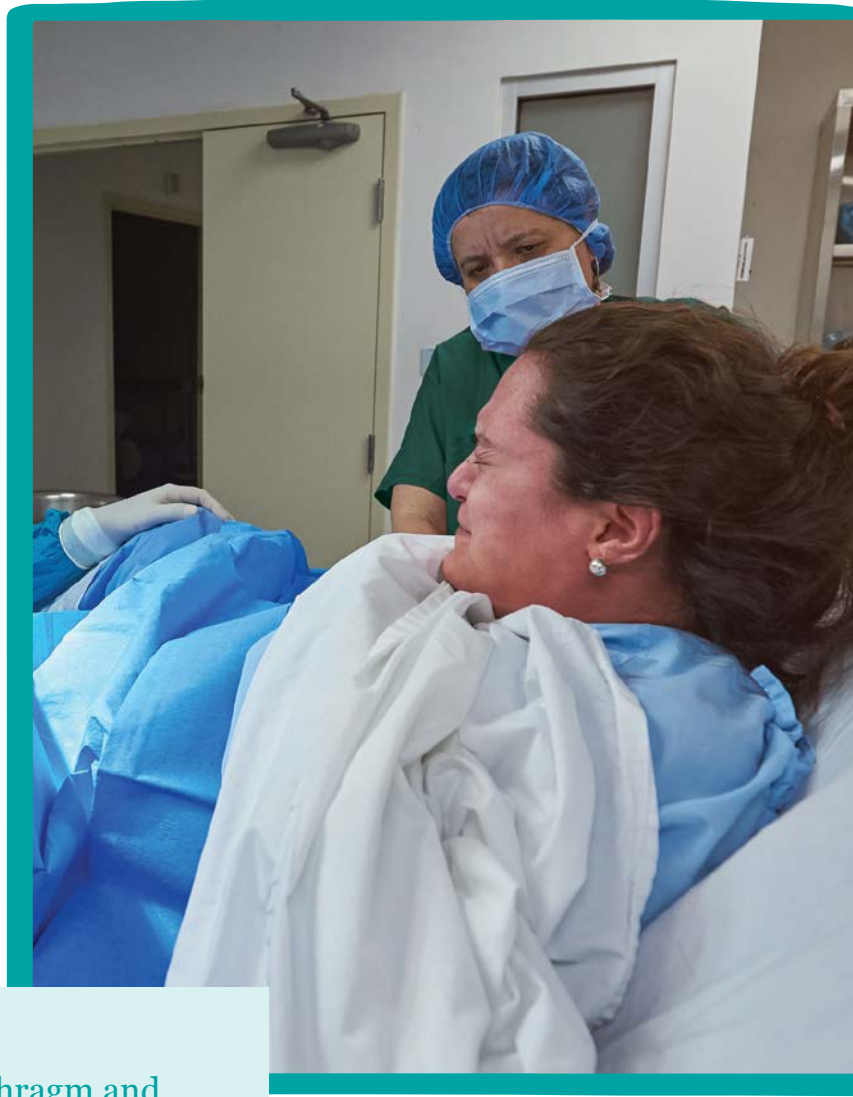
Effacement and Dilation

2 Second Stage

The second stage consists of pushing and birth.

Pushing

During the pushing stage, contractions are between 60-90 seconds long and occur every 3-5 minutes, accompanied by a strong urge to bear down and push. Pushing can take from a few minutes to a couple of hours. Pushing efforts are most effective when you follow your natural urge to bear down and relax when the urge subsides.



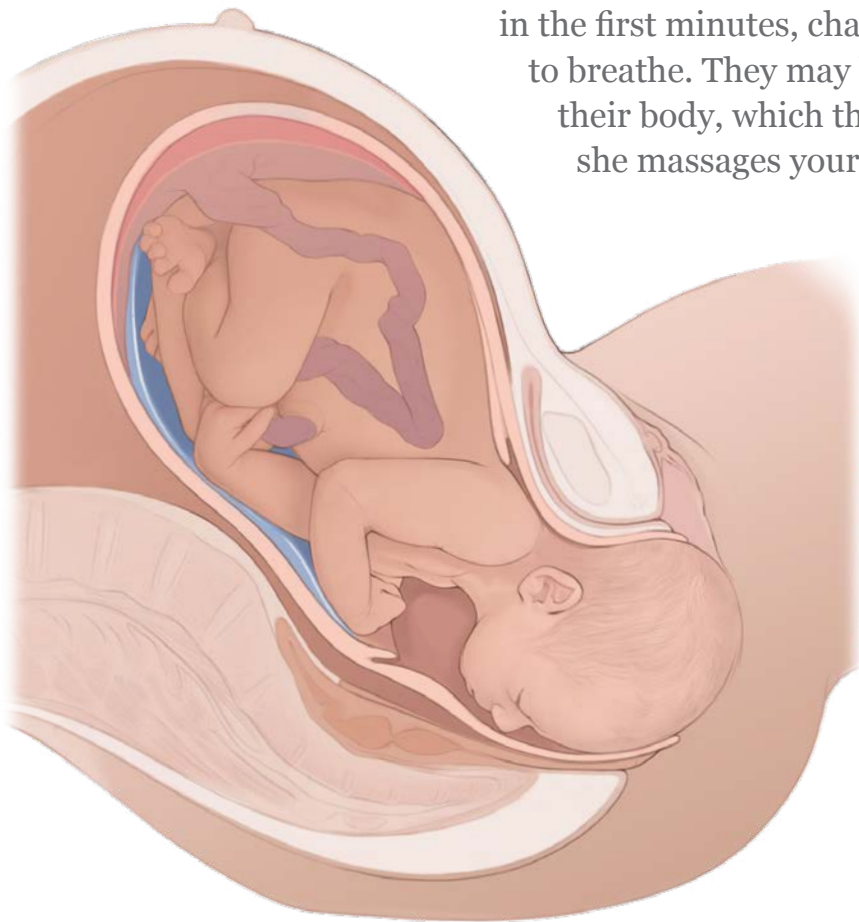
Remember to push from your diaphragm and belly muscles, not from your face or throat. Use deep grunting noises from deep in your diaphragm to focus your energy. Curl around the baby with your chin on your chest and pelvis tilted, and relax your legs and perineum.

Birth

When the baby starts crowning, their head is visible at the vaginal opening. This means you are very close to the moment of birth. If the baby's head is too large for your vaginal opening, your health care provider may decide to make a surgical incision to widen the opening, called an episiotomy.

The moment of birth is an exciting and anxious moment. Your baby will usually appear grayish blue in the first minutes, changing to pink as they begin to breathe. They may have some vernix or blood on their body, which the nurse will quickly clean off as she massages your baby with a warm blanket.

Immediately after birth, your baby will be placed on your abdomen to start kangaroo care.



3

Third Stage

Delivery of the Placenta

This is usually the shortest stage of labor, about 5-30 minutes. After your baby is born, your caregiver will clamp the umbilical cord in two places and cut the cord.

Your baby will be left with a small blue/purple stump attached to their belly button. It should fall off on its own within one to two weeks.

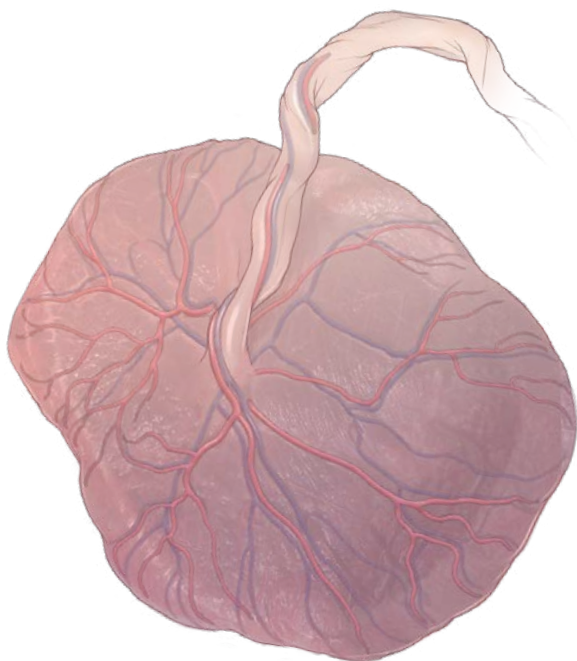
Often, it takes only a few contractions for the placenta to separate from the wall of the uterus and be expelled. Your health care provider will examine your vagina and perineum after delivery and repair any tears. If an episiotomy was necessary, it would be repaired at this time. Stitches dissolve and do not have to be removed.

This is an exciting time as you begin to bond with your baby and hold your baby skin-to-skin.



If you'd like, it's

possible for you or your partner to cut the umbilical cord. You can note this in your birth plan.



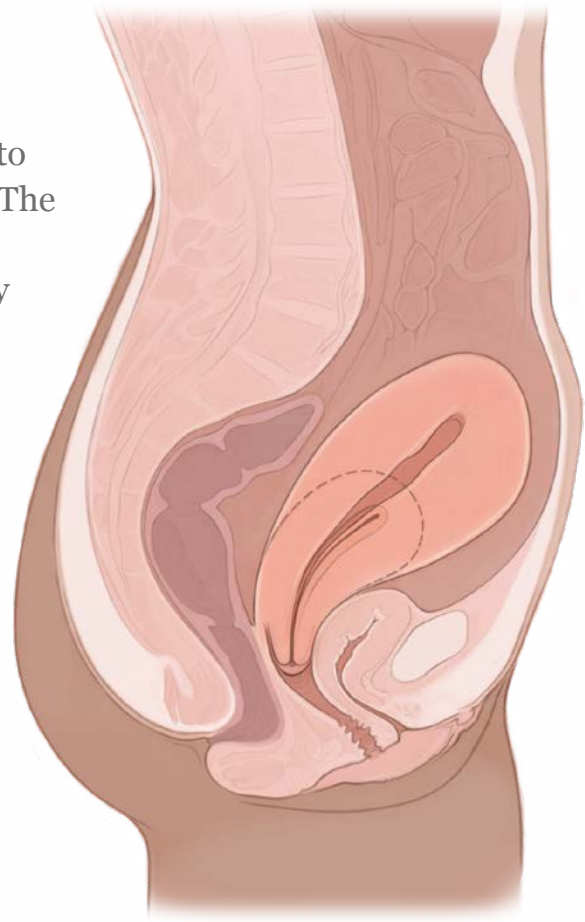
Placenta

4 Fourth Stage

Recovery

As you begin your recovery from labor and birth, you may feel relieved, satisfied, elated and exhausted. You will spend the next two hours in the labor and delivery room where a nurse will check your vital signs, the amount of vaginal bleeding and firmness of your uterus. Postpartum bleeding is heaviest at this time, and passing clots is normal.

The uterine contractions that you will experience are commonly known as afterbirth pains and may feel like menstrual cramps. This process is called involution as the uterus begins to shrink back to its pre-pregnancy size. The afterbirth pains may be more intense when breastfeeding because your body releases oxytocin. This increases the intensity of the contractions, aids in the involution process and helps to control bleeding.



Post Pregnant Anatomy

Immediately After Birth

Kangaroo Care

Right after birth, the nurse will quickly wipe down your baby and offer you the chance to hold them on your bare chest.

Enjoy this unique bonding experience, and offer your partner a chance to experience it as well!

Benefits of skin-to-skin:

- Encourages bonding between you and your baby
- Decreases your stress and helps your baby better transition
- Helps regulate your baby's body temperature and keeps them warm
- Stabilizes your baby's blood sugar and heart rate
- Promotes breastfeeding
- Supports your baby's brain development
- Helps your baby cry less and sleep more

Apgar Score

Your baby's heart rate, breathing, muscle tone, reflexes and skin color are evaluated using an Apgar score. They will be scored twice: once one minute after birth and again after five minutes.

- An Apgar score of seven or higher means your baby is doing well immediately after birth.
- A score of six or lower may mean your baby will need medical attention in the period after birth.



Personal & Mental Health

Having a baby is exciting and rewarding, but sometimes you may feel like your needs get lost in the process. Don't feel bad for taking time for yourself — this is a HUGE change! Your health and happiness are just as important as your baby's.

For additional support, you and your partner should work with each other to ensure that you both don't become burned out.

Postpartum Bleeding

Your bleeding will be heaviest in the hours after delivery but may continue for up to six weeks. You should not use tampons during this time. Keep a good supply of sanitary pads at home.



Low or non-hormonal forms of birth control

are generally preferred methods while breastfeeding, so discuss with your health care provider which birth control option is best for you.



Tips to Combat Fatigue:

- Try to rest whenever your baby rests. New babies are awake more at night than during the day for the first three weeks, so be prepared for nighttime feedings.
- Let others help with household chores such as laundry, cooking, shopping, cleaning, etc.
- If possible, arrange to have your partner take time off after the baby arrives.
- Let family and friends know that you will be taking it easy for the next few weeks and you may have to miss out on some obligations.
- Take turns with your partner waking up to soothe your baby.

Postpartum Depression

Once you give birth, there are rapid changes in your hormone levels, which can make you feel like you're on an emotional rollercoaster. Beyond what is called the "baby blues," postpartum depression symptoms continue beyond the first six weeks after birth.

Symptoms of postpartum depression may include:

- Anxiety
- Excessive tiredness
- Sleeping problems
- Confusion
- Frequent crying
- Feeling guilty
- Frightening thoughts
- Low self-esteem
- Eating problems
- Decreased sex drive
- Mood swings
- Feelings of hopelessness
- Irritability
- Forgetfulness
- Feeling overwhelmed

If any of the above feelings last longer than the first two to four weeks after birth, contact your health care provider. It is also helpful to share your feelings with family and friends.





Some ways to alleviate postpartum depression include:

- Nap when your baby naps.
- Eat well. Do not try to diet too soon (especially when breastfeeding).
- Drink plenty of fluids.
- Try to do some kind of mild exercise every day.
- Arrange for short times away from the baby.
- Get out of the house at least once a day for a walk.
- Form relationships with other new moms. Join a mother's support group or postpartum depression group.
- Ask others to help with housework, babysitting and caring for other children you may have.
- Try to postpone other major life changes, like moving to a new home, whenever possible.
- Remember to meet your own needs, too. Read a good book, take a bath or get a haircut.
- Enjoy your baby! Relax and delight in every moment possible. Hug, kiss, cuddle, laugh with and love your baby.

Postpartum Checkups

In order to make sure you're recovering well from labor and birth, your health care provider will want to give you a postpartum checkup. Postpartum care is important to maintain your health and make sure that you aren't at risk for any post-pregnancy health complications. Always go to your checkups, even if you feel fine.

- Make a postpartum care plan with your provider during pregnancy, and talk to your provider about your postpartum care team.
- Get a postpartum checkup no later than six weeks after giving birth. You'll get a complete postpartum checkup after 12 weeks.
- **You can become pregnant before your first postpartum period**, so now is a good time to talk to your health care provider about birth control options.



Breastfeeding



Benefits

Breast milk is the ideal food for babies because it has just the right amount of nutrients and antibodies to meet their needs at each stage of development.

There are many benefits to breastfeeding:

Benefits for Baby:

- Breastfed babies have a lower risk of asthma, ear infections, childhood leukemia, type 2 diabetes, diarrhea and Sudden Infant Death Syndrome.
- Breast milk is easily digestible by your baby.
- Breastfeeding boosts your baby's immune system and helps to protect them from illness.

Benefits for Mom:

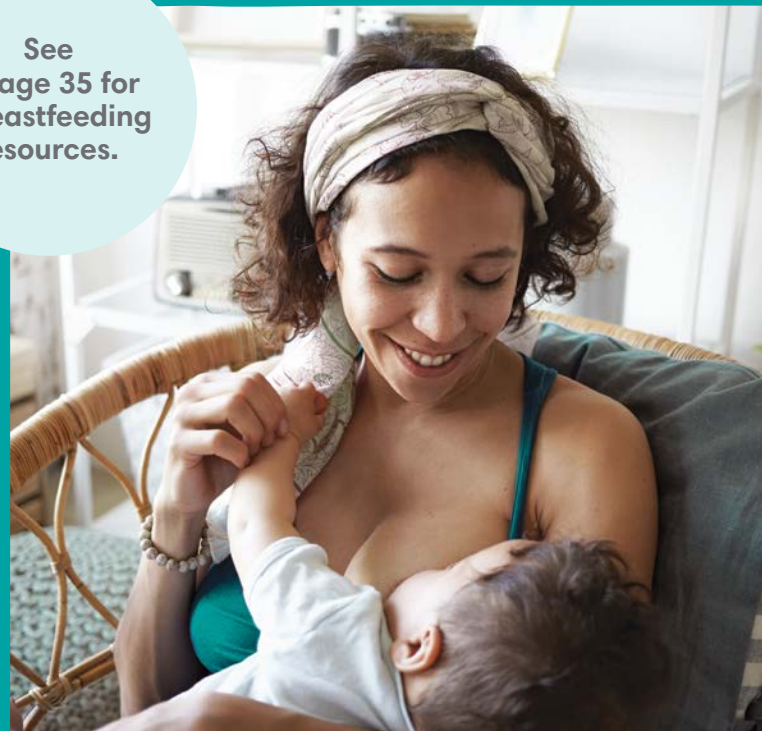
- Breastfeeding lowers the risk of heart disease, diabetes and some types of cancer.
- Your body uses calories as you make milk.
- Breast milk is free, always ready and at the right temperature.
- Your body releases the hormone oxytocin, which prompts the uterus to contract, helping it return to its pre-pregnancy size quickly. Oxytocin is also called “the love hormone” because of its powerful bonding qualities, making you feel closer to your baby.

Breastfeeding Tips

- The sooner you breastfeed after birth, the better. If possible, in the first hours after birth, keep your baby near your breast and in skin-to-skin contact so breastfeeding can begin when your baby is ready.
- Breastfeed as often as your baby wants, any time they seem hungry. Newborns usually eat between eight and 12 times every 24 hours. This will include several night feedings.
 - » Some signs that your baby is hungry: sucking on fingers or fists, smacking lips and rooting for breast. Crying is a late sign of hunger and can make latching on more difficult. Try to feed your baby at the first sign of hunger.
- Breastfeed on one breast until baby lets go, falls asleep or slows down swallowing, then offer the second breast. Your baby may or may not feed from the second breast, but it is important to offer both breasts every time. Alternate the starting breast at each feeding.
- While breastfeeding may be uncomfortable at first, it should not be painful. Pain at any point is a sign that something is not right.
- Be sure to get help right away if you aren't able to reposition the baby and be comfortable.
- Avoid giving your baby water and foods until they're about six months old.
- Until breastfeeding is well established (about three to four weeks), avoid pacifiers and artificial nipples. Also, avoid unnecessary formula feeding as it could lower your milk supply.
- You can find relief from sore nipples by expressing a drop of breast milk and letting it air dry on your nipple.



See
page 35 for
breastfeeding
resources.



Formula

As an alternative to breast milk, baby formulas offer adequate nutrition for most babies.

However, even offering small amounts of breast milk along with formula can provide some of the benefits of breastfeeding. Ask your health care provider about the benefits of breastfeeding versus formula and which formula offers the best nutritional benefits for your baby.

If you do choose to feed formulas, they should be iron-fortified to prevent anemia or iron deficiency. There are also specialized formulas for babies who are allergic to milk or soy proteins and for babies who are premature or have a low birth weight.

Prepare your baby's formula according to the directions on the container. Never increase or decrease the amount of water you use because it can be harmful to your baby's health.



Like all parts of your pregnancy

journey, the breastfeeding process will be different for every woman. Your baby may not be able to breastfeed, or you may prefer a different way to feed.



SECTION 7: Resources



Pampers.com

pampers.com

Childbirth Education Association

childbirthclassesofcincinnati.com

American Pregnancy Association

americanpregnancy.org

The American Academy of Pediatrics

healthychildren.org
aap.org

Office on Women's Health

womenshealth.gov

**International Lactation
Consultant Association**

ilca.org

La Leche League

llusa.org

**Centers for Disease
Control and Prevention**

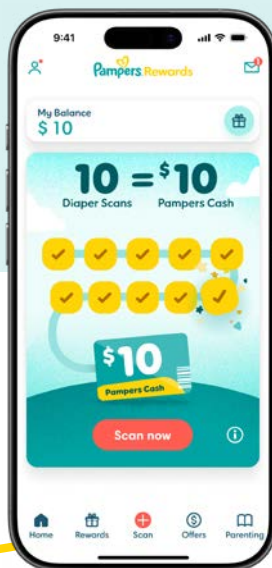
cdc.gov/pregnancy

The Sofia Foundation

bagintheback.org

**American Association of
Poison Control Centers**

poison.org
(800) 222-1222



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