



Kaiser Permanente

healthy beginnings

PRENATAL NEWSLETTER

▶ TODAY'S APPOINTMENT

Today your practitioner will:

- Check your blood pressure and weight.
- Check your baby's growth by measuring the size of your abdomen.
- Listen to your baby's heartbeat.
- Check your baby's movements.
- Discuss labor signs and when to go to the hospital.

▶ NEXT APPOINTMENT

Date: _____ **Time:** _____

Day: _____

Practitioner: _____

Notes: _____

Please arrive for your appointment on time. If you need to cancel, call at least 24 hours in advance.

▶ Your baby: at 40 weeks



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Newborn babies don't look much like the infants in baby product advertisements. Your newborn's head might seem rather large and out of shape. The eyes can be quite puffy and red. Your hormones have affected your baby, so his or her breasts might appear swollen and the genitals of baby girls might be enlarged. Some newborns have scaly skin and red blemishes on the eyelids, bridge of the nose, and nape of the neck. Despite these things, most parents think that their babies are beautiful—and they're right!

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Soon the newborn rash will disappear, the head will become rounder, and the swelling around the eyes will lessen. Be sure to take plenty of pictures; your baby's appearance will change almost daily in the first few weeks.

▶ Your next prenatal appointment and tests

WHAT IF I'VE PASSED MY DUE DATE?

Pregnancy lasts an average of 40 weeks from the beginning of the last menstrual period to the birth of your baby; this is how your due date is determined. If possible, it is best to stay pregnant for at least 39 weeks so your baby has time to fully develop. If you're still pregnant after 42 weeks, practitioners call this a "post-term pregnancy." In most cases, there is little increased risk to a baby who is born within 2 weeks of the estimated delivery date. However, when a pregnancy lasts more than 42 weeks, there may be increased risk to the baby.

Concerns after 42 weeks include:

- The baby is larger and may be more difficult to deliver.
- The placenta, which brings oxygen and nutrients to the baby, may not continue to meet the baby's needs, and the baby might actually lose weight.
- There may be a decrease in the fluid surrounding the baby.
- The baby may pass its first stool (meconium) into the surrounding fluid. This could enter the lungs and cause breathing problems for the baby after birth.

Cesarean birth becomes more likely when any of these things occur.

EVALUATION OF THE BABY

The health of a post-term baby can be checked by using certain tests, including:

- Tracking the baby's movement pattern by using the Kick Count Card.
- Using an electronic fetal monitor to record the baby's heart rate.

There are 2 types of tests that may be done to check the health of a baby if it is not born within 1 week past the due date:

- 1. Nonstress test (NST):** This is a simple test that compares the baby's heart rate with its movements. If the baby is healthy, its heart rate will increase with activity and decrease with rest, just as ours does.
- 2. Amniotic Fluid Index (AFI):** This test checks the amount of amniotic fluid surrounding the baby through an ultrasound (sonogram) test.

Two other tests, the contraction stress test (CST) and the biophysical profile (BPP) are rarely done but may be used in some cases to check the baby's health. CST is a test during which contractions are induced as "stress," and their effect on the baby's heart rate is observed. BPP includes checking for fetal movement and breathing with an ultrasound. AFI and NST are also performed as part of BPP.

When these tests confirm that the baby is considered healthy, no action is needed. If the tests suggest a problem, labor may be induced (started). Induction of labor is usually advised between 41 and 42 weeks even if no problem is found. If you have questions or concerns, please discuss them with your practitioner.

▶ PARTNER'S CORNER

Whatever kind of delivery your partner has, she'll need some time (probably more than either of you think) to fully recover. Fatigue, breast soreness, vaginal discomfort, hemorrhoids, poor appetite, constipation, increased perspiration, acne, hand numbness or tingling, dizziness, and hot flashes are common for a month after delivery. Fatigue and soreness may be increased if she has had a cesarean delivery.

Here are some things that you can do to make her recovery process as smooth as possible. These tips will also help you ease into the parenting role.

- Help your partner resist the urge to do too much too soon.
- Help her rest during the day and nap when the baby sleeps.
- Take over the household chores or ask someone else to help.

- Be patient with yourself, your partner, and your baby.
- Control the visiting hours and the number of visitors at any given time. If visitors volunteer to help, have a list of things they can do such as laundry, errands, etc. Dealing with visitors takes a lot more energy than you might think. Try to cluster their visits at mealtimes when your partner will be awake, and avoid visits during rest times. Remember to have visitors wash their hands before holding the baby, and don't allow anyone to smoke around him or her.
- Enjoy this time with your baby. Although it might not seem so at the time, the newborn period is very brief and is a special time that you'll always remember.
- Keep your sense of humor.

▶ Staying healthy during pregnancy and beyond

HELPING YOU AND YOUR BABY SLEEP

Getting enough sleep is a problem for all new parents. Newborns sleep about 16 hours a day, but they sleep on a different schedule than adults. A newborn's sleep cycle is about 45 to 50 minutes. Just like adults, they may stir without fully waking during each sleep cycle. New parents often assume that their baby is hungry when the baby stirs. Giving your baby time to settle back to sleep allows for better rest for both parents and the baby. A 2-week-old baby may only sleep for 2 to 3 hours (or less) before waking up to be fed. By 4 months some babies may sleep up to 8 hours, but most sleep 6 hours or less at a time before needing to be fed. What you do now and during the first months of your baby's life will help everyone sleep better.

Here are some tips to promote good sleep habits:

- Keep the sleep area quiet and at a comfortable temperature.
- Turn the TV and radio down or off.
- Have a consistent place and time for sleep, especially at night.
- Have relaxing bedtime routines, such as songs, hugs, and kisses. Follow your routine every night. Your baby will learn that being in bed means going to sleep.
- Don't change a sleeping baby after feeding; most babies can tolerate wet diapers for 1 to 2 hours. They may wake up and be fitful if they're changed while they're asleep.
- If you're breastfeeding, burp and change your baby between switching sides. This will help your baby wake up for the second side. Nursing on both sides will keep your baby satisfied longer.
- For yourself (and older children), try low-fat, high-carbohydrate snacks, or warm milk before bedtime.

- Limit caffeine to 1 to 2 cups in the morning only and avoid all caffeine, including sodas and chocolate, late in the day.
- Get out daily for a walk—fresh air and exercise will help both you and the baby sleep.

By using these tips, you can help your baby learn good sleeping habits. In the meantime, sleep when the baby sleeps.

▶ Smoking and pregnancy

If you've quit smoking, congratulations! If you smoke, try to stop now—for your health and your baby's.

- The risk of sudden infant death syndrome (SIDS), or "crib death," increases if a mother smokes during or after pregnancy.
- Children from smoking households have 4 times as many respiratory infections (lung, sinus, and ear infections) as those from nonsmoking households.
- If you've quit smoking, it's important to stay smoke-free during pregnancy and after your baby is born. Not smoking will help your health and the health of your family. You've worked hard to stop smoking. Use your new skills to remain smoke-free.
- If you are still smoking, now is an important time to stop. Your baby will be exposed to toxins from your clothing even if you smoke outdoors, as will any other children you have.
- Encourage your partner or other family members to quit smoking with you. It's easier not to smoke when you're surrounded by other nonsmokers. Support each other in staying smoke-free.
- Talk with your practitioner or visit your local Health Education Center for help with quitting smoking or staying quit. Some facilities offer smoking cessation programs specifically for pregnant women.

▶ Induced labor

In general, an induction is planned when it's considered safer for your baby to be delivered rather than waiting for labor to start on its own. Depending on how ready your cervix is for labor, there are different methods used to induce labor.

- If your cervix has already begun to dilate (open), amniotomy (breaking the bag of waters) may be all that is needed to induce labor.
- If your cervix is less open but still softened, thinned out, and slightly dilated, a medicine such as Pitocin may be given to cause contractions to begin. Pitocin is a synthetic version of the hormone oxytocin, which causes contractions. It's given through an intravenous (IV) line and is carefully controlled so that contractions increase gradually.
- If your cervix is not ready for labor, you may be a candidate for a Foley Bulb, prostaglandin (PG) gel, or a medication called misoprostol. These methods help prepare the cervix for induction. With a Foley Bulb, a small catheter is placed into your cervix. The inflated end of the catheter applies pressure on the inside of your cervix, which helps open or dilate the cervix. Foley Bulb induction is sometimes

done in an outpatient setting. Prostaglandin gel and misoprostol are medications that are given either intravaginally or orally to help prepare the cervix for labor.

Sometimes the induction process is rapid; other times, it takes 2 to 3 days, especially if the cervix is not ready or the uterus does not respond well to these methods.

Your practitioner will notify Labor and Delivery if you're scheduled for this procedure and will ask you to call the unit on your scheduled day to receive further instructions.

If your provider recommends inducing labor or delivering before 39 weeks, you may want to ask:

- Is there a problem with my health or the health of my baby?
- Can I wait to deliver my baby until I'm 39 weeks?
- Why is it necessary to induce labor?
- How will labor be induced?
- Will inducing labor increase the chance that I'll need to have a cesarean section?

► Your hospital stay

Whether your hospital stay lasts several hours or several days, it's very important to rest as much as possible and to learn about caring for yourself and your newborn. The following information will help make your hospital stay more enjoyable and safer for you and your baby.

INFANT SECURITY

The security of your baby is a responsibility shared by all members of the medical center staff. In order for you to help us with this important task, we'd like to share some information related to security issues.

- You and your baby will have identification bracelets with identical numbers that will be matched several times and documented on your chart. If a bracelet falls off, tell your nurse right away.
- All hospital staff are required to wear photo ID badges. Those who regularly work in the Maternity Unit wear special photo ID badges. Student nurses also have photo ID badges. You should ask to see a staff member's badge if it is not visible.

- If anyone comes into your room to deliver care and is not wearing a photo ID badge, please call your nurse immediately.
- A white lab coat alone is not proper identification of a staff member.
- Know your nurse's name.
- Babies travel in their cribs with hospital personnel. No one should carry your baby in their arms onto another floor for a procedure or a test.

You should never leave your baby alone in your room even for a short time. If you need to leave, tell your nurse.

TELEPHONES

Patient telephones are located at each bedside. Check with your hospital about telephone charges.

VISITING HOURS

Anyone with a cold, diarrhea, skin infections (such as a boil or rash), or exposure to a contagious disease, such as chicken pox, measles, or mumps, should not visit. Also, try to prevent exposure to contagious diseases when you return home. Make sure all visitors who want to hold the baby wash their hands.

Your partner or the support person of your choice may visit at any time. Children, other family members, and friends may also visit you. Check with the hospital for visiting hours. Children must be accompanied by your partner or designated support person. In order to help all mothers get as much rest as possible while in the hospital, visitors are usually limited to 2 at a time. Rooms are sometimes shared with other new mothers. Ask your hospital about overnight accommodations for support persons.

MEALS

Once you're assigned a room and are ready to eat, the nursing staff can assist you. Let your nurse know if you have special dietary needs.

SMOKING

Smoking is not allowed in the rooms or anywhere in the hospital building. It's always important for you and your baby to stay away from cigarette smoke. Babies have little lungs and very small airways. Breathing smoke-filled air can cause asthma, ear infections, and even SIDS (crib death).

► Pain relief options during labor and delivery

All women experience some discomfort and pain during labor and delivery, and it is our responsibility to offer you pain medications that can make you more comfortable. One of the best ways to ensure hospital staff knows your preferences for medication in advance is to complete a birth plan. If you are planning on having an epidural, we will want to know this as soon as possible so that preparations can be made.

During labor and delivery, pain intensity varies from woman to woman, so it is important to be aware of your pain level and communicate that to your nurse, who can help you manage the pain. Also, make sure you let your nurse know if you are still uncomfortable between doses of medication. Using breathing and relaxation techniques can help take the focus away from the pain. You should be aware of the types of pain relief medicines that are available to you. However, even with pain medication, it's unrealistic to expect to be completely free from discomfort during your entire labor.

- **Unmedicated birth.** Whether to use pain medications during labor and delivery is a personal choice. If you prefer a natural or unmedicated childbirth, we can support you in your decision.
- **Analgesics.** Analgesics are pain medications, such as opioids or narcotics, which are given through an IV or by injection to lessen the pain of contractions. These medications are almost always used well before delivery because if given shortly before birth, they can affect a newborn's breathing.
- **Anesthetics.** *Regional anesthetics*, either epidural or spinal, decrease sensations from the abdomen to the toes. Medication is given through a small tube (a catheter) that is inserted into the lower back. If you require a cesarean section, a regional anesthetic will numb the abdomen but will allow you to remain awake during the birth. *Local anesthetics* may be used at the time of delivery to numb just the vaginal area. *General anesthetics*, which put people to sleep, are only used in rare cases.

You and your practitioner can decide whether to use pain relief medications by carefully considering your comfort and the baby's safety.

RECEIVING AN EPIDURAL DURING LABOR

We have a full staff of highly skilled Anesthesiologists and Certified Registered Nurse Anesthetists (CRNA) to perform epidural procedures. If the decision is made by you and your practitioner to have an epidural, the following steps will likely take place:

- The anesthesiologist or nurse anesthetist on duty in Labor and Delivery will talk to you. Your medical history will be taken, and an exam will be performed to find out if an epidural will be safe and effective in your individual case.
- You may have a blood test, depending on your medical condition.
- You will need to be well hydrated before an epidural can be safely placed, so receiving fluid by IV is recommended ahead of time.

During the time you are waiting for the epidural, you can continue to do your relaxation and breathing exercises, or if appropriate, you may choose to have other intravenous pain medicine to help manage the pain until the epidural can be placed.

The goal of an epidural is to reduce the pain of labor. Once medication is being supplied through the tube (catheter) in the lower back, it can take about 15 to 30 minutes before pain relief is felt. Once the full effect of the epidural is in place, most women report that a majority of their pain is relieved. But just as each person's response to any medication can vary, there may be differences in how much pain relief an individual woman experiences. Ideally, the epidural will ease the pain but still allow you to feel pressure from your contractions. Being able to feel contractions helps with pushing during delivery. Only rarely will an epidural not help with pain relief. If the epidural does not work as we expect, it may need to be placed again. Once the epidural is placed, you can sometimes help control your own pain level by giving yourself more medication using "patient controlled epidural anesthesia" (PCEA).

► After a cesarean birth

If you have a cesarean birth, it'll take more time for you to feel completely recovered than it does for most women who have a vaginal birth. Although cesarean births are common, they are major abdominal surgeries and require special ways of caring for yourself. While you're in the hospital, your diet and activity level will gradually be increased according to your recovery. Your fluid intake and output will also be monitored. Make sure your diet includes plenty of protein, vitamin-rich foods (especially those containing iron), and fluids to assist healing and to replenish energy stores. Additional rest is also important.

In most cases, your nurses will help you get out of bed and use the restroom about 12 hours after delivery. Although you will probably feel like you would rather rest, moderate activity will help relieve gas and improve circulation, respiration, elimination, and urination.

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► What to expect after delivery

YOUR FIRST DAYS AT HOME

Going home from the hospital is enough excitement for one day, so relax the rest of the day. Take this time to get your new baby settled and to spend time with your partner and other children, if you have them.

It usually takes a minimum of 4 to 6 weeks until you feel fully recovered. If you've had a cesarean delivery, your recovery might take even longer. You should feel stronger each day. For the first 2 weeks after you return home, it's important to rest and increase your activity level gradually. Pace yourself and try to nap when your baby naps. Too many visitors or social activities should be avoided. Strenuous work, such as heavy lifting and housework, should also be avoided until you're fully recovered. Arrange childcare for older siblings ahead of time and make sure that there is another adult in your home for at

least 2 days after you come home. Continue taking a multivitamin after delivery, especially if you are breastfeeding.

It's important to be sensible and to do things in moderation. The first week, you should limit climbing stairs to once or twice a day. By the end of the second week, you may take your baby outside for short walks. If you're not sure about whether you should be doing something, it's best not to do it. It's usually possible to return to ordinary non-strenuous employment about 6 weeks after a normal vaginal delivery or 8 weeks after a cesarean birth. However, you may feel more fully recovered if you take more time off.

You'll be scheduled for a follow-up appointment with your practitioner within 6 weeks of delivering your baby. It's important to go to this

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► Becoming a family

Like many couples, you may feel the anxiety and effort of labor give way to relief, excitement, and joy when your baby is born. For approximately 2 hours after birth, your baby will feel alert and active. This is an ideal time for you and your baby to get to know each other and to begin to bond as a family. Your nurse will make every effort to create an atmosphere that supports bonding. This includes keeping the noise level and the lights down and keeping the room at a comfortable temperature.

If you and your baby are both doing well after delivery, you'll be encouraged to hold your baby skin-to-skin, without clothing or blankets between you. That way, your baby will stay warm and feel secure. Holding your baby skin-to-skin helps regulate your baby's respiration, heart rate, and temperature. Skin-to-skin contact comforts your baby through the first days and weeks of life.

Your baby has a well-developed sense of smell, touch, and hearing and will respond to gentle caressing and soft sounds. If you have other children, their participation during or after birth will encourage their attachment to their new brother or sister.

If you're separated from your baby because you've had general anesthesia or your baby needs special care in the nursery, you'll be able to hold your baby as soon as you and your baby are stable. Your partner will be able to stay with your baby whenever possible.

Rooming-in enables you to develop skills and confidence in caring for your newborn with our staff's support. Our goal is to support your family as you learn the basics of parenting. When you complete your hospital stay, you should feel confident about breastfeeding, burping and soothing your baby, changing diapers, and recognizing the signs and symptoms of illness in your newborn. Call your practitioner if you have any questions about caring for your baby.

► Caring for your newborn

Bringing home a new baby can feel like an awesome responsibility. Just knowing the basics will help you develop confidence as you care for your baby.

UMBILICAL CORD CARE

- Clean the area where the cord attaches to the skin especially well. Keep the diaper folded below the cord, and keep the cord clean and dry.
- Clean the area at the base of the cord daily with warm water or as recommended by your baby's pediatrician.
- Use a damp washcloth to give your baby sponge baths until the cord falls off.

The cord will drop off on its own, usually between 1 to 2 weeks.

BOWEL MOVEMENTS

The baby's first stool is the dark green, sticky meconium stool. Babies vary in their frequency of bowel movements. Some babies, particularly those who are breastfed, have several bowel movements per day. Other babies have 1 to 2 a day, and still others have one every 2 to 3 days. Breastfed babies tend to have loose, yellow bowel movements, while formula-fed babies have more formed stools. If your baby has pellet-like stools, he or she is constipated. If this condition continues for more than 2 days or if you have any concerns, you should call your baby's pediatrician.

BATHING

Although it's not necessary to bathe your baby every day, your baby will sleep better after a bath. In addition, bath time is a good time to examine your baby's skin for rashes.

- You can use a damp washcloth to give your baby sponge baths until the umbilical cord falls off.
- Clean creases around the neck, underarms, legs, and genitals especially well with soap and water.
- Although there are many baby products, babies do not need oils, powders, or lotions. Cornstarch products tend to make diaper rashes worse.
- Use a mild hypoallergenic soap (such as Dove or Cetaphil) and water.
- Never leave your baby alone in the bath even for a moment, no matter how little water is present.
- Check water temperature on the inside of your wrist. Water should be lukewarm, not hot.

CARE OF THE CIRCUMCISED PENIS

For the Plastibell method:

- Clean your baby's penis by gently washing with water 3 times a day or with diaper changes.
- Put petroleum jelly on the Plastibell ring after cleaning.
- The ring should fall off 4 to 10 days after the circumcision. Don't pull the Plastibell ring off because this can cause bleeding.



For the Gomco or Mogen methods:

- Change gauze and petroleum dressing each time it is soiled with stool. Continue dressing care for 48 hours after the circumcision.
- Clean your baby's penis by gently washing or wiping with water when you change diapers.

CARE OF THE UNCIRCUMCISED PENIS

If you decide not to circumcise your baby, taking care of his penis is easy. You do not need to pull back the foreskin to clean it for the first year of life. After 1 to 2 years of age, you can try to pull back the foreskin partially for cleaning, but it should never be forced. When your child is 5 or 6 years old, teach him to pull back his foreskin partially and clean underneath it at least once a week.



HANDWASHING

It is important to wash your hands before holding your baby. Make sure all visitors wash their hands who want to hold the baby.

► Birth control after the baby

Now is a good time to decide what type of birth control you'll use after the baby is born. When choosing a birth control method, it's important to decide how long you want to wait before you want to become pregnant again (if you wish to do so), and whether or not you plan to breastfeed your baby. If you don't wish to become pregnant again for a while, a very effective method is recommended, such as an intrauterine contraceptive device (IUD), Depo-Provera (3-month injectable), Implanon (3-year contraceptive implant), or birth control pills. Condoms are also effective in preventing pregnancy and provide protection against HIV and other STDs. If you do not wish to become pregnant again, permanent sterilization is available, and it is not reversible. The Health Education Center has pamphlets on these forms of birth control.

INTRAUTERINE CONTRACEPTION (IUD)

The IUD is a safe and effective option, especially if you do not want to become pregnant for at least 2 years. The IUD is as effective as, or more effective than, permanent sterilization and is a reversible method of birth control. The IUD is effective for 5 to 10 years, depending on the type used, and can be inserted at an office visit. The IUD can safely be used while breastfeeding.

DEPO-PROVERA

Depo-Provera is very safe and effective birth control and can be used while breastfeeding. Depo-Provera requires an injection once every 3 months. If you have had unprotected intercourse between delivery and the first injection, you must have a negative result on your pregnancy test before you can start Depo-Provera. Additional birth control methods should be used for 2 weeks after your injection. You need a prescription from your practitioner for Depo-Provera, so plan ahead. To safeguard your breast milk supply, it is best to wait until your 6 week postpartum appointment for your first Depo-Provera injection. Depo-Provera is not recommended for more than 3 years due to concern regarding bone loss when used for longer periods of time. There may be a delay in getting pregnant after you stop taking the shots.

IMPLANON

Implanon is a contraceptive implant that contains a progestin hormone. It's a single rod about the size of a matchstick, which is implanted under the skin of the inner upper arm. It can stay in place for up to 3 years and can be removed with a small procedure by your practitioner. Implanon can safely be used while breastfeeding.

BIRTH CONTROL PILLS

Birth control pills are very safe and effective. If you'll be breastfeeding, progestin-only birth control pills are less likely to cause a decrease in your milk supply than the combination estrogen-progestin pills. Because you can still get pregnant when you start taking your first pack of pills, be sure to use an additional method of birth control (such as condoms) for two weeks after starting your pills.

The pill should be taken at the same time every day. If you miss a pill or are late in taking the pill, take it as soon as you remember and use a backup method of birth control during the rest of that pack. Always discuss your plans or questions about the pill with your practitioner. Once you stop breastfeeding, it is best to switch to a combination pill (containing both estrogen and progestin).

BARRIER METHODS

Barrier methods of birth control—such as diaphragms and condoms—require use at the time of intercourse and can be effective

in preventing pregnancy if used correctly. Diaphragms must be fitted after delivery, during an office visit. If you were using a diaphragm before you became pregnant, you will need to be refitted after the birth. Giving birth may have changed the size of the diaphragm that you need. Barrier methods are safe to use when breastfeeding.

EMERGENCY CONTRACEPTIVE PILLS

It's a good idea to have some emergency contraceptive pills (ECPs) at home in case unprotected sex occurs, such as when a birth control pill is missed; you're late for a Depo-Provera injection; or the diaphragm, cervical cap, or condom has slipped out of place. If you take ECPs within 120 hours (5 days) after having unprotected sex, the risk of getting pregnant is reduced by 85 percent. The sooner you take ECPs after having had unprotected sex, the more effective they are in preventing pregnancy. You can buy ECPs before you might need them at a Kaiser Permanente pharmacy or drugstore.

PERMANENT STERILIZATION

Tubal ligation, also called having your "tubes tied," is a permanent form of birth control for women. You must sign consent forms before you can have this procedure. If you are scheduled for a cesarean section and wish to have tubal ligation, ask your practitioner if the procedure can be performed at the same time. Essure is a nonsurgical permanent sterilization typically performed 6 to 8 weeks postpartum. It is often done as an office procedure with no incisions and no general anesthesia. To learn more about these procedures, contact your local Health Education Center or practitioner.

Vasectomy is also a permanent form of birth control and is available for men. Call the Urology Department or the Health Education Center for more information.

► Sexual activity

Many couples find it difficult to resume sexual intercourse for several months after delivery. The new demands on your energy and time, sleepless nights, fear of pain, hormonal shifts, and your need to physically recover from childbirth all contribute to a lack of interest in making love.

Sometimes, however, the swelling of the female genital area during the postpartum period leads to an increase in sexual desire. The possible disruption in sexual satisfaction during late pregnancy may cause your partner to experience a renewed sexual interest after delivery. It's important to recognize that you and your partner might have different needs at this time.

It usually takes 4 to 6 weeks for your body to heal after a normal vaginal delivery and sometimes much longer if your delivery was complicated or was by cesarean. Therefore, practitioners recommend that you wait 6 weeks or at least until your postpartum appointment, before resuming intercourse after either a vaginal or a cesarean delivery. Their advice will depend on how well you're healing.

When your practitioner gives you the OK and you're physically and emotionally ready to resume sexual activity, start off slowly by cuddling and caressing. Your natural vaginal secretions are decreased by the change in your hormones. Therefore, when you feel ready for penetration, you may want to use a lubricating gel such as K-Y Jelly or Astroglide. It's common for sex to be uncomfortable the first few times. Vary your positions so that you are side to side or on top in order to control pressure on the cesarean incision or episiotomy.

If the baby is sleeping and you and your partner are together, take advantage of the situation. Turn on some relaxing music and light some candles to help put you in the mood. Don't forget to communicate; express your needs and expectations, and listen to your partner. This is a time of adjustment for you and an opportunity to become even closer.

► What to expect after delivery

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appointment (even if you're feeling fine) so that your practitioner can check that you're healing properly.

"Baby blues" are very common in the first few weeks after delivery but if they last longer than 2 weeks, these could be symptoms of postpartum depression. Postpartum depression affects approximately 10 percent of mothers in the first year after giving birth. It can occur after the birth of any child and can begin anytime, but usually symptoms begin 2 or 3 weeks after giving birth. Women with postpartum depression have stronger feelings of sadness, despair, anxiety, or irritability. If left untreated, symptoms can get worse and may last for as long as a year. However, postpartum depression can be diagnosed and treated. If you're experiencing postpartum depression after your baby's birth, talk to your practitioner.

► You and your baby have the right to be safe

If someone is hurting you, making you feel afraid, making threats, putting you down, or pushing or hitting you, it's not right and it's not your fault! Abuse occurs when someone attacks you with words, objects, hands, or fists. Abuse usually happens when one person tries to control another person.

- If you're having problems with someone who threatens or hurts you, tell your practitioner. You and your baby can be helped.
- Remember: It's not your fault, no matter what anyone tells you. Nobody deserves to be abused.
- You need to take care of yourself because if you are hurt, your baby is affected.

You're not alone. Help is available. In an emergency, call the police, your local domestic violence hotline, or a women's shelter in your community.

If someone has hurt you before, it may happen again while you're pregnant or after the baby is born.

HAVE A SAFETY NET

- Talk to someone you trust about what's going on.
- Call the police in an emergency.
- Keep an extra set of car keys and money stashed where only you can find them.
- Keep important papers (like birth certificates, photo ID, and checkbook) in a safe place.
- Get the phone number of your local domestic violence hotline and keep it for an emergency. You can find the number from the National Domestic Violence Hotline at ndvh.org or **1-800-799-7233**. If you need to talk or if you need help, you can call the National Domestic Violence Hotline 24 hours a day. The hotline has counselors who speak English, Spanish, and other languages, and can give you information about local resources. For more information, visit kp.org/domesticviolence.

► After a cesarean birth

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When you return home you may need additional help. Be sure not to lift anything heavier than your baby for at least 3 weeks.

Careful attention to your incision will help you heal more quickly.

- Be sure to keep your incision site clean and dry.
- Don't use lotions, ointments, or powder near the incision.
- If the steri-strips have not come off by themselves after 10 to 14 days, feel free to remove them.
- Don't scratch the incision. If it itches, scratch around the incision carefully.
- If you have been prescribed pain medication, be sure to take it as directed.
- Call your practitioner if you notice any redness, pus-like discharge, or opening of your incision, or if your temperature is 100.4 degrees or higher.

► Soothing a newborn

LEARNING ABOUT YOUR BABY'S CRIES

- It's normal for babies to cry for 1 to 3 hours a day. Some cry more, some cry less.
- A baby doesn't cry to upset you or make you angry. He or she is simply trying to communicate needs and feelings.
- Sometimes babies cry for unknown reasons.
- Babies don't cry because you're a bad parent or because they don't like you or your milk.
- When you respond to and meet your baby's needs, you teach your baby to trust you.
- You may try everything you can think of and your baby still cries. At these times, it's OK to lay your baby down on his or her back. Usually, after a short time, your baby will become tired and go to sleep. If your baby is still crying after 10 to 15 minutes, pick your baby up and try the suggestions mentioned below again.

WHAT YOU CAN DO TO SOOTHE YOUR BABY

When your baby cries, what is he or she trying to tell you? What can you do?

YOUR BABY MAY BE...	TRY THESE TIPS TO SOOTHE YOUR BABY
hungry	Try feeding your baby, even if he or she just ate. Babies can become hungry more often during a growth spurt.
gassy	You can help prevent your baby from having gas pains. <ul style="list-style-type: none"> • Make sure your baby isn't swallowing too much air while feeding. • After feeding, hold your baby on your shoulder or upright in your lap for 15 to 30 minutes. • Take time to burp your baby before switching breasts, and after the last side you nurse on. Burp a bottle-fed baby after feeds also.
in need of a diaper change	Some babies can't stand having a wet diaper. Babies may also cry if they're about to have a bowel movement or if they've just had one. Try checking your baby's diaper.
cold	Place baby skin-to-skin for the quickest warm up. Or add more clothes, a cap, or use a blanket to swaddle your baby. Turn up the heater.
too warm	If your baby's skin feels warm, take off some of his or her clothing. If your baby still feels hot after 10 minutes, check your baby's temperature. He or she may have a fever.
tired	Wrap your baby in a blanket. Try rocking him or her to sleep.
lonely	Try picking up and cuddling your baby near your heart.
tense	Continuous motion and sounds can help calm your baby. <ul style="list-style-type: none"> • Rock or walk around with your baby. • Take your baby for a ride in the car or stroller. • Put your baby near sounds like running water, or play CDs with soft music or white noise. • Sing to your baby.
overstimulated	Take your baby to a safe, quiet place to calm down.

STAYING CALM WHEN YOUR BABY CRIES

Your baby may become more upset if he or she senses that you're upset.

It's important to try to stay calm when your baby cries.

- Try deep breathing or relaxation techniques.
- **Never shake your baby!** It can cause serious injury and death.

Call your practitioner if your baby's crying episodes last more than 4 hours each day, you feel like you might hurt your baby, or you feel like you're losing self-control.

The information in *Healthy Beginnings* is not intended to diagnose health problems or to take the place of medical advice or care you receive from your practitioner. If you have persistent health problems, or if you have further questions, please consult your practitioner. If you have questions or need additional information about your medication, please speak to your pharmacist. Kaiser Permanente does not endorse the medications or products mentioned. Any trade names listed are for easy identification only.