Amberwell
MATERNAL-CHILD CARE

9 Months

YOUR GUIDE TO A HEALTHY PREGNANCY

Right from the
START

Attach
your sonogram
HERE

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PRENATAL CARE

WHY IS PRENATAL CARE IMPORTANT?

Prenatal care is medical care you get during pregnancy. At each visit, your doctor checks on you and how your baby is growing. Prenatal care starts as soon as you know you're pregnant. Go to all your prenatal care checkups, even if you're feeling fine.

HOW OFTEN SHOULD YOU GO FOR PRENATAL CARE CHECKUPS?

Getting early and regular prenatal care can help you have a healthy pregnancy and a full-term baby. Full term means your baby is born between 39 weeks and 40 weeks. Being born full term gives your baby the right amount of time he or she needs in the womb to grow and develop into a healthy baby.

Don't be afraid to talk to your doctor about personal things. Your doctor needs to know all about you so he or she can give you and your baby the best care. Your doctor asks lots of questions about you and your family. Your medical information, and anything you tell your doctor, is confidential. This means he or she can't share that with anyone without your permission. So don't be afraid to tell him or her about things that may be uncomfortable or embarrassing.

PRENATAL CHECKUP FREQUENCY

Weeks 4 to 27	Once a month
Weeks 28 to 36	Twice a month
Weeks 37 to 41	Once a week

If you have complications during pregnancy, your doctor may want to see you more often.

Your support person (a friend or someone from your family) is welcome at your prenatal checkups.

MEDICATIONS

HOW CAN I SAFELY CHOOSE MEDICINES DURING PREGNANCY?

No medication is 100% safe, so always check with your doctor. In general, don't take more than the recommended dose. Try to avoid taking medications during your first trimester whenever possible as that is when your baby is the most vulnerable to the effects of medication. There may be times when your doctor specifically recommends taking a medication to help control symptoms you may experience during pregnancy.

HERE IS A GENERAL LIST OF MEDICATIONS THAT ARE APPROVED BY YOUR DOCTOR:

Pain
Tylenol (acetaminophen)

Constipation
Miralax
Prune Juice
Milk of Magnesia
Colase

Colds
Benadryl (diphenhydramine)
Zyrtec (cetirizine)
Claritin (loratadine)
Vicks Vapor Rub
Cough drops
Mucinex (guaifenesin}-

DO NOT use Mucinex DM Afrin

Diarrhea
Kaopectate

Nausea
Vitamin B6 - at least 25 mg three times a day
Unisom - 25 mg at bedtime, may take 1/2 tab in am if needed
Benadryl - 25 mg every 6 hours as needed

Indigestion/Heartburn
Tums
Gas-X (simethicone)
Mylanta
Zantac (ranitidine)
Prilosec (omeprazole)

DO NOT TAKE THE FOLLOWING:

Aleve (naproxen)

Motrin or Advil (ibuprofen)

Bayer (aspirin) - unless prescribed by your doctor

Alka Seltzer Plus Cold

Anything with **dextromethorphan**

NUTRITION FOR A HEALTHY PREGNANCY

WHY IS IT IMPORTANT?

What you eat during pregnancy provides nutrients for your growing baby as well. There is not a "one-size fits all" amount of weight to gain during pregnancy, please talk to your doctor about your expected weight gain. The old myth of "eating for two" is not true. During the beginning of pregnancy, you do not need any extra calories to support a healthy pregnancy. During the second half of your pregnancy, you need between 300-500 (depending on body type) extra calories, primarily protein.

A few general principles:

- All meat should be thoroughly cooked
- Be sure foods are stored properly

Healthy Foods

Grains

6-8 servings per day

- Bread
- Cooked rice
- Pasta
- Cereal

Fruits

2 cups per day

- Fresh, frozen or canned fruit

Dairy Products

3 servings per day

- Milk
- Yogurt
- Cheese

Vegetables

2-3 cups per day

- Raw or cooked vegetables
- Vegetable juice
- Leafy Greens

Proteins

5-6 ounces per day

- Cooked beans
- Lean meat, poutry or fish
- Nuts
- Peanut butter

Limit These Foods

Caffeine

- Limit to 150 mg per day (about one 12 ounce cup of coffee)

Fish with small amounts of mercury

- Shrimp, Salmon, Pollock, Catfish, Canned Tuna, Albacore

Fatty foods and sweets

- Such as donuts, ice cream, chips, soda, cookies, and candy

Avoid These Foods

Fish with high amount of mercury

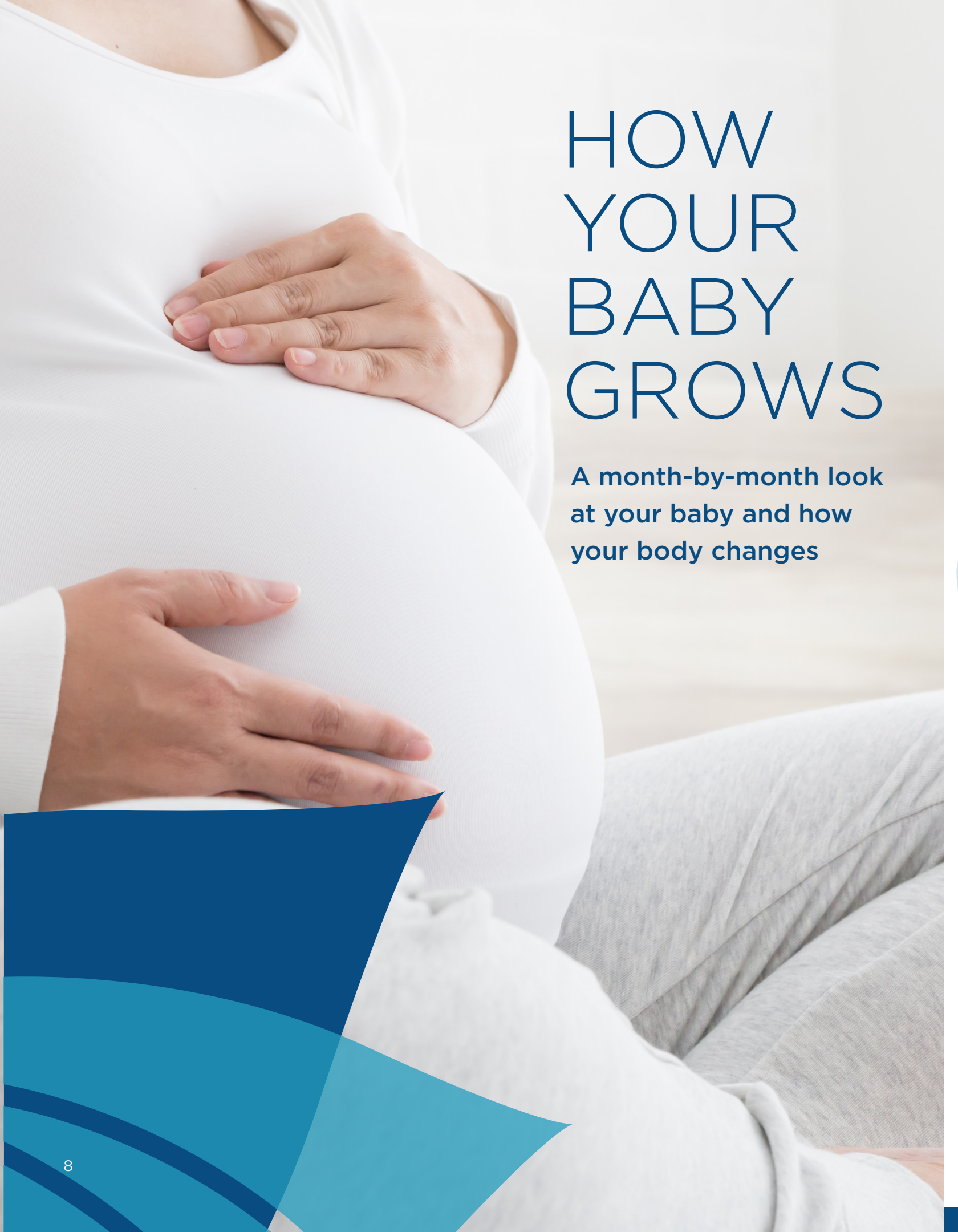
- Swordfish, Shark, King Mackerel, Tile Fish

Raw or undercooked foods

- Including meat, fish, eggs; heat deli meat and hot dogs until hot

Unpasteurized foods

- Check food labels on juice, milk and soft cheeses



HOW YOUR BABY GROWS

A month-by-month look at your baby and how your body changes

MONTH

During the first two weeks after your period, your body is preparing an egg for ovulation and then ovulating in the second week.

WEEK 3

Your baby is still a small bundle of cells that is now traveling to the uterus to continue growing.

WEEK 4

Your baby is about the size of a poppy seed. Many of your baby's organs are now beginning to form. You may also start to suspect you are pregnant during this week.

WEEK 5

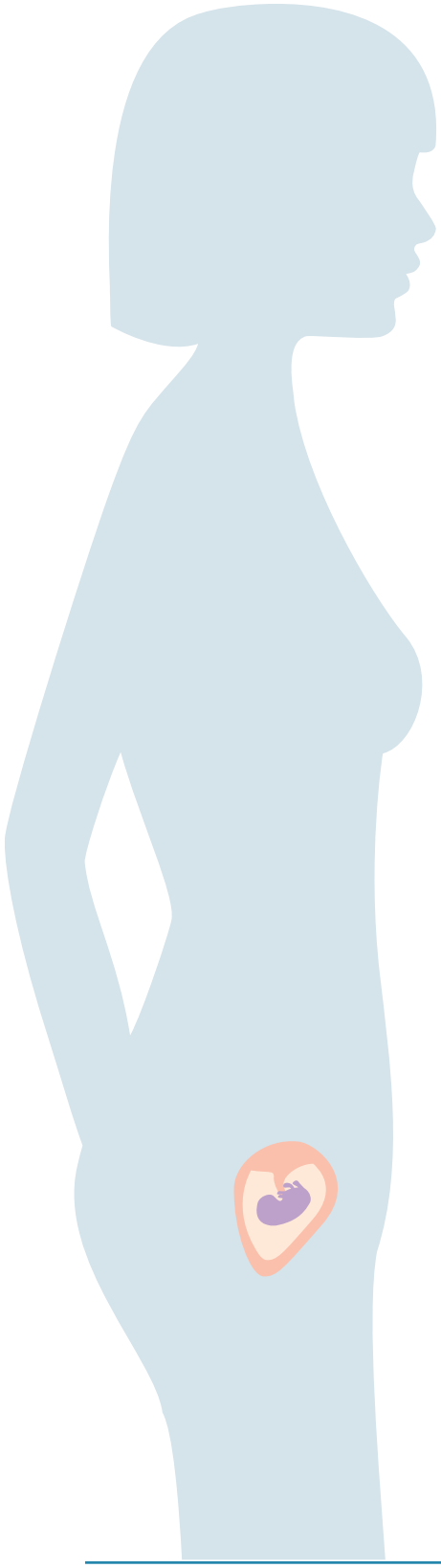
You may begin to start noticing some signs of pregnancy; frequent urination, morning sickness, breast growth and tenderness, and fatigue. Your baby is about the size of a sesame seed and the heart starts beating this week, although it is not always detectable on ultrasound yet.

Appointment with your doctor:

Week 5 is a good time to call and make your first appointment with your OB doctor. A good time to plan this appointment is around 8 weeks; calling now allows for time to get a convenient appointment time for your schedule.

Questions for my doctor:

FUN FACT: *Nine in ten women experience a change in skin tone during pregnancy.*



MONTH 2

WEEK 6

Your baby is about the size of a lentil seed. The heartbeat is usually visible on ultrasound at this point. You may experience some light vaginal spotting that can be normal in pregnancy.

WEEK 7

Your baby is about the size of a blueberry. Hands and feet are beginning to develop, although they look like paddles for now.

WEEK 8

Your baby is about the size of a kidney bean. Webbed fingers and toes are starting to develop.

WEEK 9

Your baby is about the size of a grape. Eyes, ears, nose are all beginning to develop, although eyelids won't open for several weeks still.

Appointment with your doctor:

How to prepare: Write down questions, bring a list of your medications, know your first day of your last menstrual period (or as close as possible), be hydrated.
What to expect: Having your questions answered, leaving a urine sample (at every appointment), getting blood drawn for prenatal labs, making an appointment for an ultrasound.

Questions for my doctor:

FUN FACT:

Pregnant women do have a heightened sense of smell. The reason? It's meant to help them steer clear of foods they shouldn't eat because of their growing baby.

MONTH 3

WEEK 10

Your baby is about the size of a strawberry. Most of baby's organs such as liver, kidneys, intestines, and brain are developed and beginning to function.

WEEK 11

Your baby is about the size of a fig. Bones and cartilage are beginning to develop. Your baby has started moving more, but you won't feel movement for several weeks. The baby's heartbeat can usually be heard on Doppler at your appointments at this point.

WEEK 12

Your baby is about the size of a lime. Your baby's reflexes are rapidly developing and he or she can also start making mouth sucking motions.

WEEK 13

Your baby is about the size of a pea pod and weighs about one ounce. Fingerprints are beginning to form. If your baby is a girl, she has more than 2 million eggs in her ovaries.

Appointment with your doctor:

What to expect: Hearing baby's heart beat (if 11 weeks or more), leaving a urine sample, discussing genetic screening options.

Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

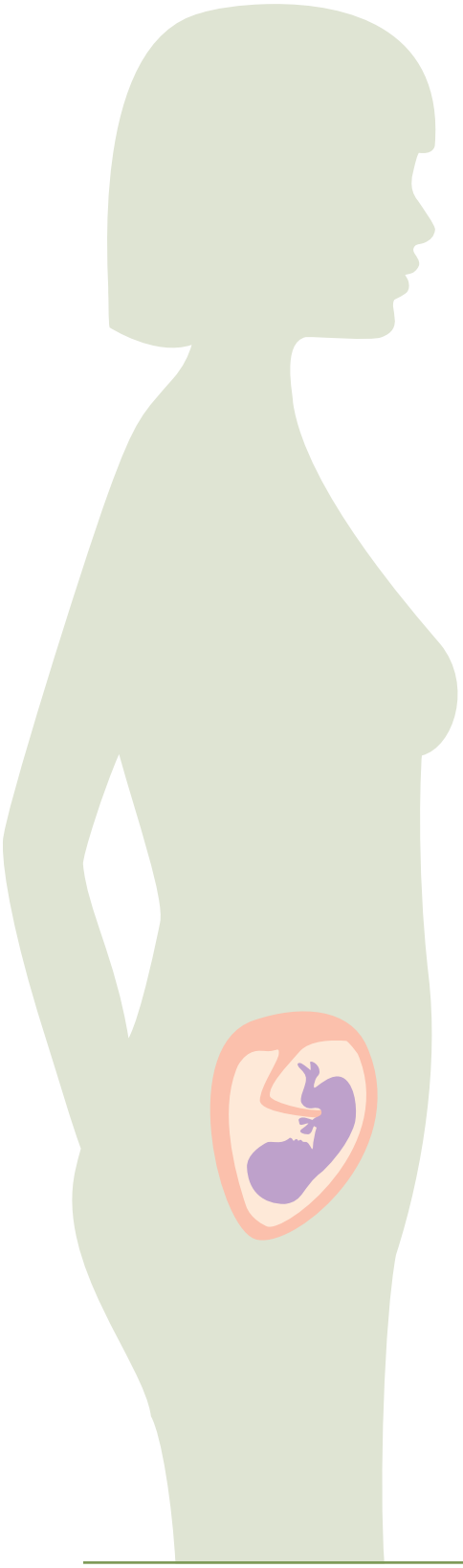
_____

_____

_____

FUN FACT:

Women who suffer from heartburn during pregnancy are rumored to be more likely to have babies born with lots of hair.



MONTH 4

WEEK 14

Your baby is about the size of a lemon. You may notice your energy returning, nausea fading, and breast tenderness improving.

WEEK 15

Your baby is about the size of an apple. Amniotic fluid is moving through the respiratory tract and helping your baby's lungs begin developing.

WEEK 16

Your baby is about the size of an avocado. Fingernails and toenails are beginning to develop. Some women may begin to feel "flutters" at this point that are early fetal movements. Don't be alarmed if you don't feel this yet.

WEEK 17

Your baby is about the size of a turnip. Your baby's cartilage is beginning to form into bone.

WEEK 18

Your baby is about the size of a bell pepper. Your baby's genitals are beginning to develop, but may be hard to see on ultrasound, especially depending on baby's position. This is the point many women begin to notice specific food cravings.

Appointment with your doctor:

What to expect: Hearing baby's heart beat, leaving a urine sample, making an appointment for your next ultrasound.

Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

_____

_____

_____

FUN FACT:

Pregnancy hormones can do amazing things for your nails and hair. But after birth? You can expect some of your hair to fall out.

MONTH 5

WEEK 19

Your baby is about the size of an heirloom tomato. Your baby's senses of smell, taste, hearing, touch and vision have begun to develop. If you talk to your baby, he or she can hear you now.

WEEK 20

Your baby is about the size of a banana. This is a good time for your next sono when your doctor makes sure your baby's organs are developing normally and you will find out baby's gender, if desired.

WEEK 21

Your baby is about the size of a carrot. This is a common time in pregnancy to begin feeling movement, or an increase if you have already noticed it. It is not uncommon to begin having some sharp shooting pains on one or both sides of your abdomen and pelvis that are called round ligament pain.

WEEK 22

Your baby is about the size of a coconut. Your baby is developing small tooth buds below the gums.

Appointment with your doctor:

What to expect: Hearing baby's heart beat, leaving a urine sample.

Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

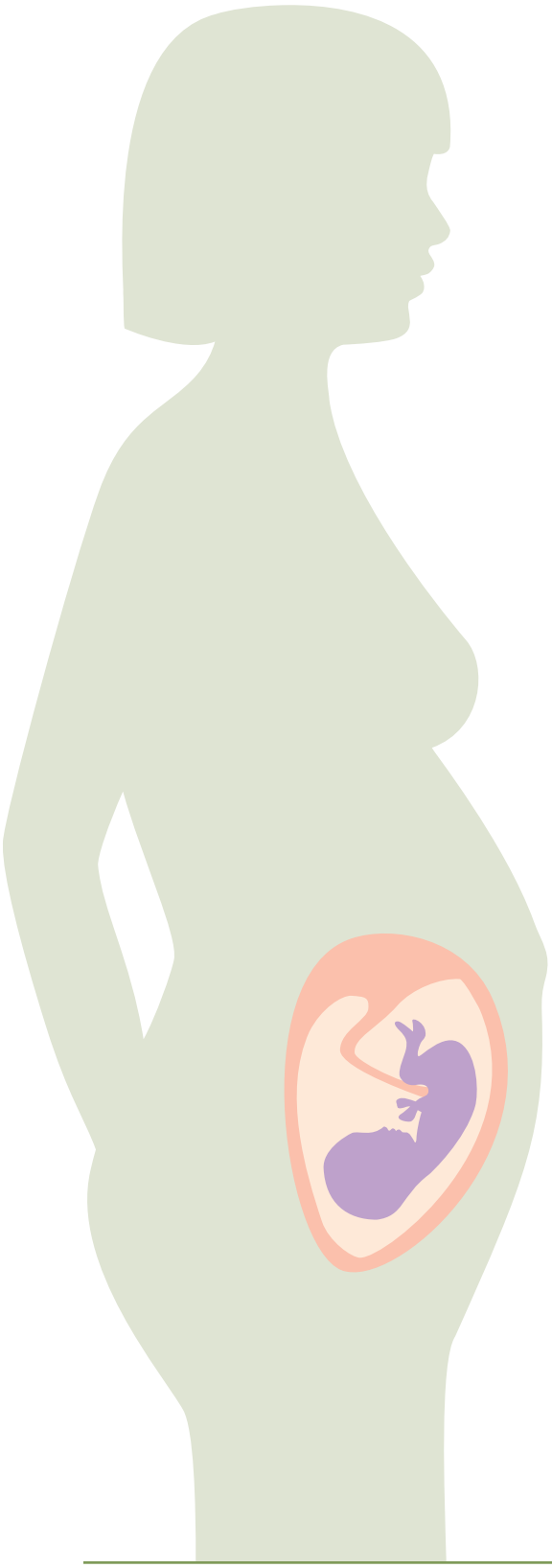
_____

_____

_____

FUN FACT:

Pregnant women produce a hormone called relaxin. It causes ligaments to relax and the pelvis to open for delivery.



MONTH 6

WEEK 23

Your baby is about the size of a large mango. Blood vessels in your baby's lungs are developing to prepare for breathing.

WEEK 20

Your baby is about the size of an ear of corn. Taste buds are continuing to develop..

WEEK 21

Your baby is about the size of a head of cauliflower. Your baby begins adding fat to his or her body and is beginning to grow hair.

WEEK 22

Your baby is about the size of a bundle of kale. If you are having a boy, his testicles begin descending into his scrotum. You may start to feel more aches and pains in your low back as your pelvis is supporting your growing baby.

WEEK 27

Your baby is about the size of a head of lettuce. Your baby has regular sleep/wake intervals and is practicing opening and closing his or her eyes.

Appointment with your doctor:

What to expect: Hearing baby's heart beat, leaving a urine sample, glucose screening for diabetes between 24-28 weeks.

Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

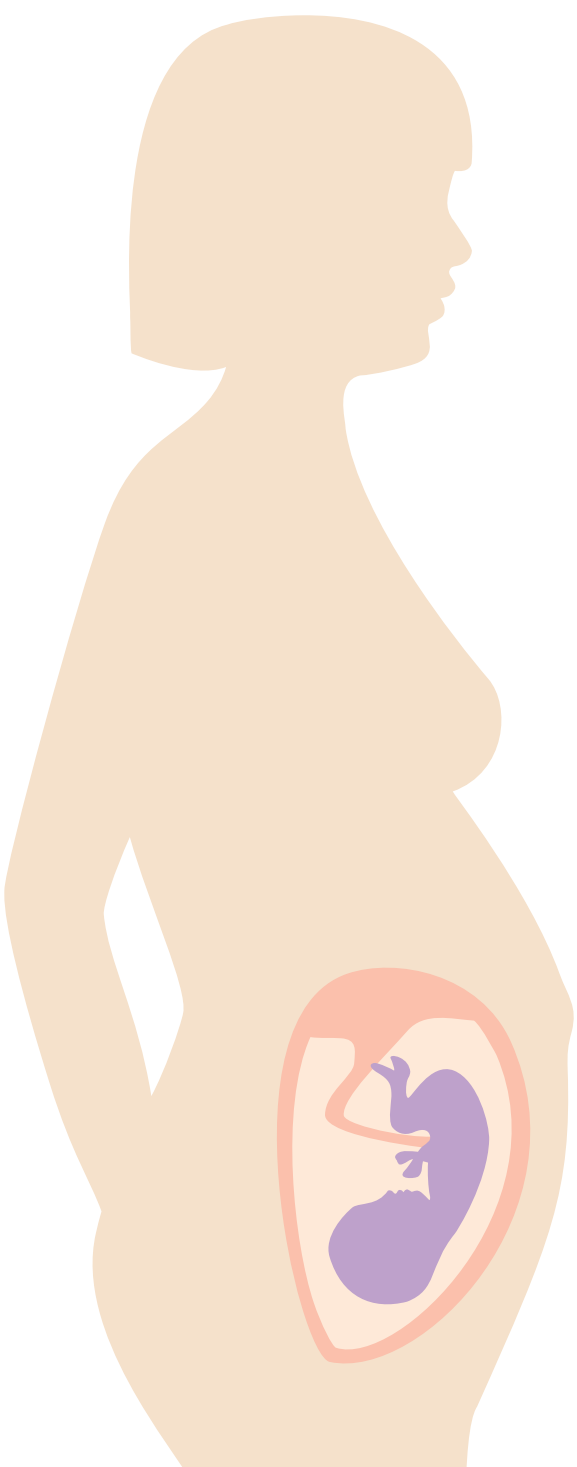
_____

_____

_____

FUN FACT:

Babies may cry silently in the womb as early as 28 weeks.



MONTH 7

WEEK 28

Your baby is about the size of an eggplant. Your baby's senses have continued developing. He or she now has eyelashes. It is common to begin experiencing Braxton-Hicks contractions.

WEEK 29

Your baby is about the size of a butternut squash. Your baby is starting to grow at a rapid rate. Be sure to get enough protein, calcium, iron and vitamin C in your diet to support this rapid growth.

WEEK 30

Your baby is about the size of a zucchini. You may begin to feel increased fatigue and clumsiness as you adjust to your changing shape and weight.

WEEK 31

Your baby is about the size of a bundle of asparagus. Your baby is moving frequently at this point and may even make it difficult for you to sleep at night. Try using a supportive maternity pillow when sleeping and avoid sleeping flat on your back.

Appointment with your doctor:

What to expect: Hearing baby's heart beat, leaving a urine sample, glucose screening for diabetes between 24-28 weeks (if not done already), visits increasing to every 2 weeks.

Visit 1: Baby's heart beat: _____ **Your weight:** _____

Visit 2: Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

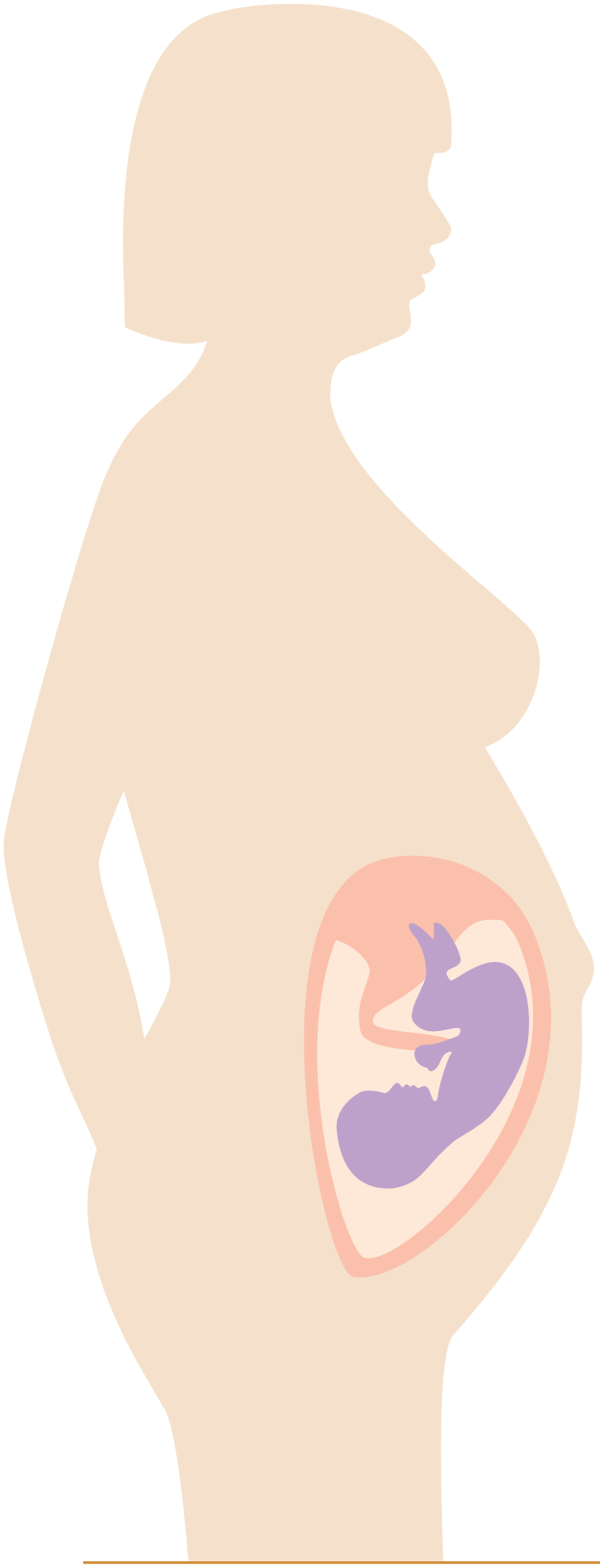
_____

_____

_____

FUN FACT:

Some believe that if you are tall or overweight, you have a greater chance of carrying multiples.



MONTH 8

WEEK 32

Your baby is about the size of a spaghetti squash. Your baby's skin is developing into smooth skin that is no longer transparent. If you are having increased low back pain, consider trying a pregnancy support belt.

WEEK 33

Your baby is about the size of a pineapple. You may notice increased swelling in your hands and feet. This swelling can cause numbness in your hands called carpal tunnel.

WEEK 34

Your baby is about the size of a cantaloupe. Your baby is continuing to develop fat layers that will help regulate body temperature after birth.

WEEK 35

Your baby is about the size of a honeydew melon. Your baby has grown to the point that large flips (somersaults) are less common, but movement should continue.

Appointment with your doctor:

What to expect: Hearing baby's heart beat, leaving a urine sample, discussing options for postpartum birth control.

Visit 1: Baby's heart beat: _____ **Your weight:** _____

Visit 2: Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

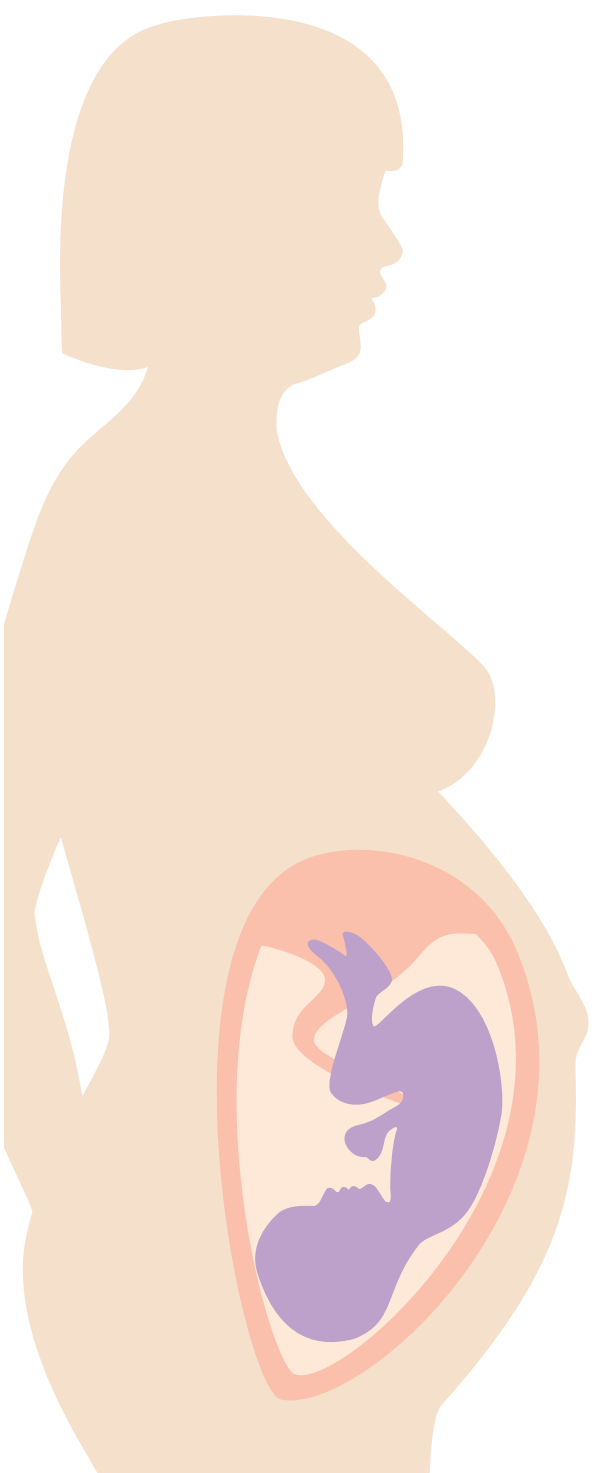
_____

_____

_____

FUN FACT:

Most women experience swelling in their feet during pregnancy. Because of water weight and other extra fluid, your feet can grow up to one full shoe size! In fact, some women's feet stay that size after their baby is born.



MONTH 9

WEEK 36

Your baby is about the size of a papaya. You may notice some relief in your breathing symptoms if your baby has dropped down preparing for birth.

WEEK 37

Your baby is about the size of a Swiss chard. You baby is now considered "term" but is not "full-term" until 39 weeks.

WEEK 38

Your baby is about the size of a leek. He or she now has a strong grasp. The waiting may be getting hard at this point, but be patient and give your baby time to continue developing.

WEEK 39

Your baby is about the size of a mini watermelon. He or she is now full-term.

WEEK 40

Your baby is about the size of a small pumpkin. This is when the waiting is the hardest. Remember a spontaneous labor is the best for you and baby. However, if you go a week past your due date, your doctor will likely talk to you about scheduling an induction.

Appointment with your doctor:

What to expect: Hearing baby's heart beat, leaving a urine sample, Group B Strep test (vaginal swab), cervical checks (optional unless planning an induction), planning when to go to the hospital.

Visit 1: Baby's heart beat: _____ **Your weight:** _____

Visit 2: Baby's heart beat: _____ **Your weight:** _____

Visit 3: Baby's heart beat: _____ **Your weight:** _____

Visit 4: Baby's heart beat: _____ **Your weight:** _____

Visit 5: Baby's heart beat: _____ **Your weight:** _____

Questions for my doctor:

_____

FUN FACT:

The longest pregnancy on record was 375 days. In case math isn't your strong suit, that's longer than one calendar year!

BOY OR GIRL?

Finding out the sex of your baby is such an exciting part of pregnancy. While some people choose to be surprised at the time of delivery, many couples want to know the sex of the baby before they give birth.

Your baby's sex is determined at the moment of conception. Of the 46 chromosomes that make up your baby's genetic material, two chromosomes - one from the egg and one from the sperm - determine your baby's gender. A woman's egg contains only X sex chromosomes.

A man's sperm, however, may contain either an X or Y sex chromosome. If, at the instant of fertilization, a sperm with an X sex chromosome meets the egg (another X chromosome), your baby will be a girl (XX). If a sperm containing a Y sex chromosome meets the egg, your baby will be a boy (XY). It is always the father's genetic contribution that determines the sex of the baby.

HOW CAN I FIND OUT MY BABY'S SEX?

Most women find out their baby's sex during a routine ultrasound in the second trimester - usually around 20 weeks. Traditional ultrasound is approximately 93% to 100% accurate at detecting the baby's sex. But, just remember that sometimes the sex is not clearly identifiable from an ultrasound. This is usually due to the position of the baby.

CHOOSING MY BABY'S NAME

DEBATING ABOUT WHAT TO NAME YOUR BABY?

Imagine your child as a grown-up with a name like "Peek-a-Boo."

If you were going to name yourself, is this the name you would want to be known by in an adult world? If it's not, then it's time to start the naming process all over again.

BEWARE OF TRENDY OR CELEBRITY BABY NAMES

What's popular one year probably won't be the next. And choosing a trendy name could mean there will be three children in your child's Kindergarten with the same name.

There's also the long-standing tradition of naming a baby for a relative or someone you admire. If this is something you want to do, consider using it as a middle name, in case your feelings change later.

Whatever name you choose, make sure YOU love it!

PREPARING FOR HOSPITAL

What to pack?

Have everything ready to go when you're 8 months pregnant, since you could go into labor at any time in the weeks before your due date. You'll need items during labor, and after you give birth.

Here's what experienced moms recommend packing:

WHAT TO PACK FOR LABOR

- ☐ **Picture ID.** (Driver's license or other ID)
- ☐ **Insurance card.**
- ☐ **Your birth plan.** (If you have one)
- ☐ **Eyeglasses,** if you wear them. Even if you usually wear contact lenses, you may not want to deal with them while you're in the hospital.
- ☐ **Bathrobe.**
- ☐ **Nightgown or two.** Choose a loose, comfortable gown that you don't mind getting dirty. It should be either sleeveless or have short, loose sleeves so your blood pressure can be checked easily.
- ☐ **Slippers and socks.**
- ☐ **Whatever will help you relax.** Here are some possibilities: your own pillow, music, a picture of someone you love, anything else you find reassuring. If you're going to be induced, think about bringing something to read or watch because it may be a while before labor is underway.
- ☐ **A camera or video camera with batteries, charger, and memory card.** Someone has to document the big event!
- ☐ **Toiletries** (optional).

WHAT TO PACK FOR AFTER DELIVERY

- ☐ **Snacks.** After many hours of labor, you're likely to be pretty hungry, and you may not want to rely solely on hospital food.
- ☐ **Comfortable nursing bras or regular bras.**
- ☐ **Several pairs of maternity underpants** (or wear ones provided by the hospital).
- ☐ **A notepad or journal and pen or pencil.** Track your baby's feeding sessions, questions, doctor's instructions, memories of your baby's first day, and so on.
- ☐ **A going-home outfit.** Bring something roomy and easy to get into.
- ☐ **Breast pump.** If you need a breast pump for any reason, the hospital can provide one for an additional charge.

ESSENTIALS TO PACK FOR YOUR BABY

- ☐ **An installed car seat.** You can't drive your baby home without one! Have a rear-facing car seat properly installed ahead of time and know how to buckle your baby in correctly.
- ☐ **A going-home outfit for baby.**

WHAT NOT TO BRING TO THE HOSPITAL

- ☐ **Jewelry, lots of cash or other valuables.**
- ☐ **Diapers.** The hospital will provide diapers for your baby while you're there. Leave yours at home

MY BIRTH PLAN

WHY DEVELOP A BIRTH PLAN?

Your birth plan shows your doctor, nurse, and family what you want and don't want throughout your birthing experience. Not all patients choose to make a birth plan, but for those with specific wishes, it is helpful to have those written down. Please remember to be flexible as not all wishes are possible.

ABOUT ME

Name _____ **Due Date** _____

Doctor _____ **Support person** _____

I have
- ☐ Group B Strep
- ☐ Rh negative blood type
- ☐ Gestational diabetes
- ☐ Pre-eclampsia
- ☐ Other _____

DURING MY LABOR I would like:

- ☐ Music played (I will provide)
- ☐ The room quiet
- ☐ As few vaginal exams as possible
- ☐ To walk when desired
- ☐ Other (please explain) _____

Pain control:
- ☐ Breathing
- ☐ IV medications
- ☐ Epidural
- ☐ Other _____

DURING MY DELIVERY I would like:

- ☐ To have a mirror
- ☐ To touch the baby's head during crowning
- ☐ To have D not have an episiotomy
- ☐ To have my support person cut the cord
- ☐ Delayed cord clamping

AFTER MY DELIVERY I would like:

- ☐ To hold my baby immediately
- ☐ My baby to be dried at the warmer first
- ☐ To bank cord blood (I will provide the kit)
- ☐ To breastfeed as soon as possible

FOR THE REST OF MY HOSPITAL STAY I would like:

- ☐ Baby to remain in my room
- ☐ IV removed as soon as deemed safe by my doctor

I would like FOR MY BABY:

To be fed with ☐ Breast milk only ☐ Formula only

☐ Breast milk with supplemental formula only if necessary

To ☐ be offered ☐ not be offered a pacifier

If I have a boy, I ☐ want ☐ do not want him circumsised

PREPARING FOR LABOR

HOW DO YOU KNOW YOU ARE IN LABOR?

You will begin to have contractions. A contraction is when the muscles of your uterus tighten and relax. They help to push your baby out of the uterus. Unlike the Braxton Hicks contractions that occurred throughout your pregnancy, these contractions are more uncomfortable and regular. The contractions may start out occurring every 5-10 minutes and are so strong you cannot walk or talk during them like you can with Braxton-Hicks contractions.

Another sign of labor is when your water breaks. The sack of fluid that your baby has been floating in throughout your pregnancy has ruptured. You may feel a sudden gush of fluid or it may only feel like a trickle of water as the bag of water leaks.

If you think you are in labor, call your doctor or go to the hospital to be checked. The nurses in the labor and delivery unit are skilled and trained to check your cervix and test any fluid that may be present to determine if you are in labor or if your amniotic fluid bag has broken or is leaking.

HOW CAN YOUR BABY BE DELIVERED?

Most babies are born through a vaginal birth. This is the most common type of delivery. The uterine contractions push the baby out of the uterus through the vagina.

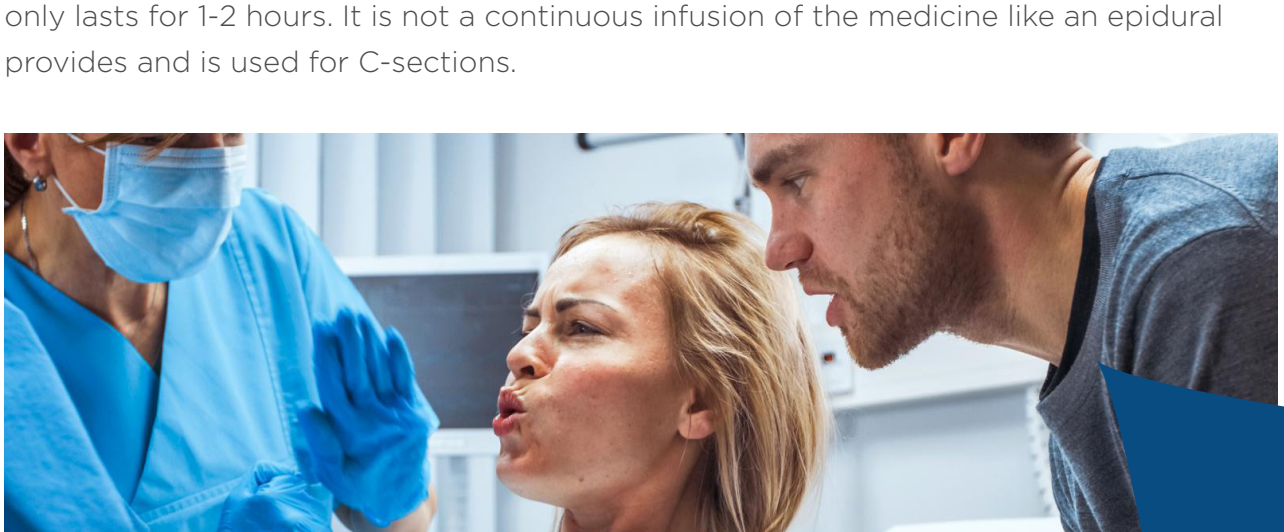
A cesarean birth or C-section is used when your doctor feels there is a problem with the baby or your health. A C-section is a surgical procedure in which the doctor makes an incision in your lower stomach to remove the baby from your uterus. This method is used as an unplanned or emergent surgery if the baby develops problems during labor or may be planned if something goes wrong with your pregnancy and the baby needs to be delivered early.

WHAT CAN BE DONE ABOUT LABOR PAIN?

Contractions can really hurt! Even if you have taken classes to learn how to breathe and relax during labor you will still feel some pain during labor. You may need some medical help to reduce your pain. Some pain will always be present until the baby's birth but your doctor and the nurses will do all they can to reduce your pain to a tolerable level.

An epidural is the most popular and effective kind of pain relief. To provide this relief the doctor uses a needle to put a small tube in your lower back. Medication that numbs your lower body goes into this tube while you are in labor. This method does not put you to sleep so you can be awake when your baby is born.

A spinal block is a shot you get in your lower back that works like an epidural but only lasts for 1-2 hours. It is not a continuous infusion of the medicine like an epidural provides and is used for C-sections.



Narcotic pain medications are medications you take to reduce pain. They can be given either in liquid form through your IV tubing or a shot into a muscle. This method of pain relief is not as effective as an epidural but must be used until you are dilated enough to get an epidural. These medications can cause your baby to have trouble breathing or move too slowly if they are given late in your labor.

Other ways to relieve pain may include the use of a support person to help you focus on breathing and relaxation. You can also try repositioning yourself. One other option may be to sit in a tub of warm water.

The Stages of Labor

STAGE 1 **BEGINS WITH THE FIRST** contraction and ends when the cervix is dilated to 10 cm. The opening of the uterus into the vagina is the cervix. Your contractions will cause the cervix to open and get thinner. When the opening is 10 cm in diameter you are considered fully dilated. This stage can last from 12 to 14 hours on intermittent and strong contractions, or longer if being induced.

STAGE 2 **BEGINS WHEN YOU ARE** fully dilated and ends when the baby is born. You may have the urge to push to help the uterus push the baby out. You may feel like your bowels are moving but that is the pressure of your baby's head on the rectum. You may need to have an episiotomy or a surgical cut made in the space between your vagiSna and anal opening to make the opening large enough for the baby to pass through. As soon as your baby is born, the doctor may suction out the baby's nose and mouth with a suction bulb. You will hear your baby cry as he or she takes a first breath.

STAGE 3 **BEGINS WITH THE BIRTH OF** the baby and ends with the delivery of the placenta or afterbirth. This stage usually does not take more than a few minutes and a few contractions, but can last up to 30 minutes.

STAGE 4 **BEGINS WHEN THE** placenta is delivered and ends 1 to 2 hours after delivery.

YOUR BABY'S HERE!

Now that baby is home, here's what you can expect and how to make the most of each and every moment.

The first six weeks with a newborn are full of sleepless nights and uncertainty. This amazing little baby will create a time of intense bonding with you. You'll learn how to feed and change and swaddle the baby. You'll be recovering from delivery, dealing with out-of-control hormones, and managing on minimal sleep.

These early days are all about getting to know each other. Days full of anxiety. But remember to enjoy these precious first few weeks. Your baby will never be this small again! Take lots of selfies with your baby. You'll want to remember what you looked like when he or she was this small.

WEEK ONE

Once you get home, things are likely to go a lot like this: Your new baby will need to eat every two to three hours around the clock and will spend much of the rest of the time sleeping, pooping and crying.

You'll be nursing and/or bottle-feeding, regularly changing diapers, snuggling, and gazing in wonder at this tiny being.

WEEKS TWO AND THREE

Growth spurts occur at different times for different babies, it's likely that he or she will have one sometime between weeks two and four. That means an increase

in appetite, and if you're breastfeeding, get ready to do it frequently - and don't worry if you think you won't have enough milk. Nursing more frequently stimulates more milk production

Learning your baby's cues. Remember that crying is his or her sole method of communication in these early days, which can make things difficult for the both of you. If you begin to feel overwhelmed, put the baby down in a safe environment and take some deep breaths.

You may also notice that your baby has increased periods of wakefulness and focus as his or her vision improves. His or her skin may be displaying interesting things-baby acne, tiny white bumps known as milia or red blotches-all of which are normal and will go away by themselves.

The umbilical cord stump will likely fall off somewhere around week two, which means baby is ready for his or her first real bath and some time on his or her belly.

WEEKS FOUR

If you haven't introduced it yet, your baby is ready for tummy time regularly now, which is great practice for big developmental leaps still to come. Start with a few minutes at a time and build from there.

At about one month, you'll hear gurgles, sighs, grunts, coos - it's all adorable, and you can encourage it with lots of interaction. Get in the habit of talking to your baby now, and you'll be setting him or her up for success when it comes to mastering language down the road.

At this point, you may find that you're feeling comfortable in your new role as mother. Also, at this stage, babies become easier to soothe because you've already figured out each other's cues.

WEEKS FIVE AND SIX

You've probably caught a grin before week five, but around this time, it's likely that your baby's charming little smile is downright social - and directed right at you. Keep them coming with lots of talking, singing and silliness, which will be easy to do because around this time, your baby becomes more interactive. He or she is likely having longer periods of quiet and active alertness, which is good news on the sleep front too - afterward your baby needs lots of shut-eye to recover from all that stimulation.

BREASTFEEDING TIPS

Planning on breastfeeding but not sure what to expect? Here are some good reasons to try.

Even if you only nurse your baby for a few days or weeks, that early milk, called colostrum, provides an important source of antibodies to protect against disease as baby's own immune system develops during the first year.

Breastfeeding benefits you, too. It helps your uterus return to its pre-pregnancy size and reduces post-delivery bleeding. It makes it easier to lose those pregnancy pounds (you burn up to 500 extra calories a day nursing).

BREASTFEEDING IS A LEARNED PROCESS.

To improve your chance of success, try to be within the first hour of birth. Also, ask to have your baby in the room with you at the hospital so you can feed on demand.

Have a nurse, your doctor, or lactation consultant check how baby laches on while you are still in the hospital. While it might be uncomfortable when baby latches on, it shouldn't be painful. If it hurts badly enough to make you grimace every time, then you may not have the right position.

Prepare for your milk to come in. This occurs on about the third or fourth day after birth. You'll know it's happened because your breasts suddenly increase in size! Speaking of which, make sure you have several well-fitting nursing bras, and don't forget to pack one in your hospital bag.

Plan to breastfeed about 8-12 times in every 24-hour period. Your baby is good at giving hunger signals: rooting around searching for your nipple; putting her hand in her mouth; and looking increasingly alert. Always feed on demand.

Try not to introduce a bottle or other nipples, including pacifiers, until breastfeeding is well established. The thrusting motion required to nurse is different from that required to suck a nipple, and baby could get confused.

Stay hydrated to ensure your body can make enough milk. A good idea is to sip from a glass of water when nursing and to keep a snack close by.

BREASTFEEDING CHALLENGES

Here are the most common breastfeeding related problems and how to avoid them:

Sore and cracked nipples. Check the position of the baby when he or she latches on; smooth lanolin over your nipples after each nursing session; and let your nipples air dry after finishing. Also, alternate which breast you start on each time. Put a plastic bracelet on your wrist or the side of your bra that was just used to help you remember. You should also not hear any clicking or sucking sound.

If you do, the baby isn't positioned right. Bring baby closer to you, and hold his or her head firmly so his or her mouth covers as much of the areola as possible.

Engorgement (overly full breasts) or blocked milk duct. Lay warm compresses on your breasts to help relieve some of the pressure. You can also try pumping or hand expressing some milk between feedings.

Mastitis or breast infection. If you feel like you have the flu and one breast is red, hot and sore, you probably have mastitis. You'll likely need an antibiotic to

clear up the infection. In the meantime, keep nursing and/or pumping on that side as much as you can, even though it hurts. To prevent mastitis, make sure you empty your breasts regularly. If you do take antibiotics, add a probiotic (good bacteria such as lactobacillus) supplement, to help prevent the next complication: thrush.

Thrush. Thrush is a fungal infection that can form on the breast and be passed between your breast and the baby's mouth. Overly moist breasts, sore or cracked nipples, following a diet high in sugar or yeasty foods or taking antibiotics or steroids can all throw your body's natural yeast levels out of control and lead to thrush. Symptoms are very sore nipples, achy or painful breasts or pink, flaky, shiny, itchy or cracked nipples. Your baby may have little white spots in his or her mouth, or a diaper rash that won't heal. To prevent thrush, air-dry your nipples, use nipple pads in your bra, wear a clean bra every day, and reduce the amount of sugar and yeasty products in your diet.

Increasing Milk Supply

Breastfeeding is a basic supply-and demand activity. The more you nurse, the more milk your body makes. So when your baby goes through a growth spurt and seems to be nursing all the time, keep in mind she's signaling your body to up the milk production for her nutritional needs.

POSTPARTUM DEPRESSION & ANXIETY

What does it feel like to have postpartum depression or postpartum anxiety? What are the signs or symptoms? How do you know when you have it?

You may not be experiencing all of the symptoms listed or even most of them: Postpartum depression and anxiety are not "one-size-fits-all" illnesses. Your experience may include just a few of the symptoms. You may experience these feelings for a period of at least 2 weeks or longer, and these symptoms make it feel very hard to live your life each day.

POSTPARTUM DEPRESSION SYMPTOMS

You feel overwhelmed. Not like "being a new mom is hard." More like "I can't do this and I'm never going to be able to do this." You feel like you just can't handle being a mother. In fact, you may be wondering whether you should have become a mother in the first place.

You feel guilty because you believe you should be handling new motherhood better than this. You worry that you don't feel the happiness or connection that you thought you would.

You don't feel bonded to your baby. You're not having that mythical mommy bliss that you see on TV or read about in magazines.

You feel irritated or angry. You have no patience. Everything annoys you. You feel resentment toward your baby, or your friends who don't have babies. You feel out-of-control rage.

You feel nothing. Emptiness and numbness. You are just going through the motions.

You feel sadness to the depths of your soul. You can't stop crying, even when there's no real reason to be crying.

You feel hopeless, like this situation will never ever get better. You feel weak and defective, like a failure.

You can't bring yourself to eat, or perhaps the only thing that makes you feel better is eating.

You can't concentrate. You can't focus. You can't think of the words you want to say. You can't remember what you were supposed to do. You can't make a decision. You feel like you're in a fog.

You feel disconnected. You feel strangely apart from everyone for some reason, like there's an invisible wall between you and the rest of the world. You're thinking "Why can't I just get over this?" You feel like you should be able to snap out of it, but you can't. You are afraid that this is your new reality and that you've lost the "old you" forever.

You are afraid that if you reach out for help people will judge you. Or that your baby will be taken away.

TURN TO YOUR DOCTOR

Tell your doctor the symptoms you're experiencing. His or her expertise will get you the help you need. You might also look online for a support group.

BABY'S FIRST CHECKUP

You can prepare for the visit by jotting down a list of questions as you think of them. Dress your baby in loose clothing that is easy to remove for when the doctor is ready to examine him or her. Some areas that the doctor will cover during the visit include:

Height and weight. The nurse will weigh the baby and measure his or herheight and head circumference. These measurements will be marked on a chart that shows where your baby stacks up in relation to other infants.

Physical checks. Next the doctor will examine the baby's eyes, ears, and mouth, and listen to his or her heart and lungs. The doctor will also check your baby's head, genitals, and the mobility of his or her hip joints. The doctor will test for newborn reflexes, including the rooting reflex (baby turns head when you stroke his or her cheek), the grasping reflex, and the stepping reflex (baby'sfeet appear to step or walk when touching a flat surface). At this visit the doctor will also make sure that the baby's umbilical stump (and the baby's penis, if you had a boy who was circumcised) is healing properly.

Eating and Digestion. The doctor will ask about how much c;md how often the baby is eating and producing wet and/or dirty diapers. By age 3 to 4 days, the baby should have finished passing the thick tar-like stool known as meconium, and will now be passing yellow or yellow-green stool as often as once after every feeding.

This appointment should help alleviate many of your fears and worries. If you feel that you still have questions after this doctor's appointment, don't hesitate to get back in touch with your doctor. Now is the time to make sure that you have all of the information you need to make good parenting decisions for your newborn.

VACCINATION SCHEDULE

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Vaccine		BIRTH	1 Month	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	24 Months	4 Years	5 Years	6 Years
HepB (prevents Hepatitis B)	3 TOTAL	1st	2nd			3rd							
DTaP (prevents diphtheria, tetanus, pertussis)	5 TOTAL			1st	2nd	3rd		4th			5th		
Hib (prevents haemophilus, influenzae type b)	4 TOTAL			1st	2nd	3rd	4th		Your child may get this vaccine in 3 dosis instead of 4				
IPV (prevents polio)	4 TOTAL			1st	2nd	3rd					4th		
RV (prevents rotavirus)	3 TOTAL			1st	2nd	3rd							
PCV (prevents pneumococcus)	4 TOTAL			1st	2nd	3rd	4th						
Flu (prevents influenza)		2 dosis in the first year, 1 dose each year after				Yearly							
MMR (prevents measles, mumps, rubella)	2 TOTAL						1st				2nd		
Varicella (prevents varicella, also called chickenpox)	2 TOTAL						1st				2nd		
HepA (prevents Hepatitis A)	2 TOTAL						1st and 2nd at least 6 months apart						
Meningococcal (prevents meningitis)				For children with certain health conditions, link sickle cell disease									