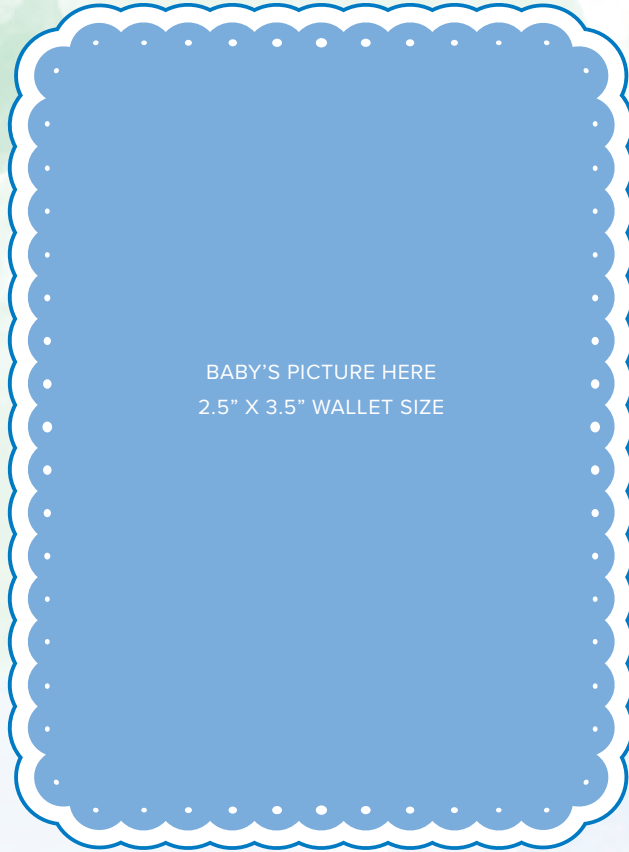


Welcome to Baystate's Babies!




BABY'S PICTURE HERE
2.5" X 3.5" WALLET SIZE



Getting to Know Your Baby

A PARENT'S GUIDE



Baystate  Medical Center

ADVANCING CARE. ENHANCING LIVES.



**MY
FOOTPRINT**

NAME

BIRTH DATE

WEIGHT

LENGTH

Cues

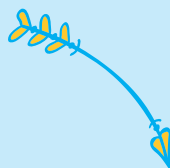
*Did You Know Your
Baby Talks to You?*

Babies use their voice
(Crying) and actions **(Cues)**
to tell you what they need.

“
“I am hungry”
“I am tired”
“I need a change”
“I want to be held”
”



Reflexes are reactions babies are born with that they can't control, like...



Rooting



Sucking



Toe curling



Grasping



Startling



Stepping



Infant States are your baby's mood. Babies can move quickly through these states and often in a different order.

Crying

Tears, color changes, muscle tension, jerky movements, generally doesn't respond quickly

Irritable (Active alert)

Lots of movement, irregular breathing, eyes open but not focused, fussy

Quiet Alert

Little body movement, eyes open and wide, steady regular breathing, very responsive to their environment, best time for learning something new

Drowsy

Some movement, irregular breathing, opens and closes eyes, easily awakes and startles

Active Sleep

Some body movement, irregular breathing, facial movement, easily awakes, and Rapid Eye Movement (REM)

Quiet Sleep

No movement, regular breathing, bursts of sucking, not easily woken up

Some cues are easier to notice than others, but don't worry! In no time you will learn all the cues and what they mean.

Watch your baby often for changes in state (mood).

When you see her getting fussy she may need a break from the situation.

Cues that say
"I want to be near you!"
(Engagement Cues)

- ♥ Staring at your face
- ♥ Rooting or making sucking motions
- ♥ Making feeding sounds
- ♥ Relaxed face and body
- ♥ Raising the head
- ♥ Smiling, having a glazed look
- ♥ Crying* – for hunger, to be held or needing to be comforted

Cues that say
"I need a break!"
(Disengagement Cues)

- ♥ Looking away
- ♥ Arching back away from you
- ♥ Extending fingers with a stiff hand
- ♥ Falling asleep
- ♥ Frowning or yawning
- ♥ Crying* – needing a change from the situation

**Crying can be either a need to be with you or a need for a break. It is important to look at the other cues the baby is giving you, and notice them quickly, as it may prevent the baby from crying.*

Speak in a slow, high pitched voice and follow your instincts to figure out what she needs.

CRYING

is Baby's Superpower!

Crying can be very stressful for parents, but it is an important communication tool for babies when they are unsettled.



Babies cry for many reasons, not just because they are hungry.

- Cold or hot
- Dirty diaper
- Upset tummy/pain
- Need quiet time
- Tired
- Need something different
- Hungry



Signs your baby is hungry

- Sucking sounds
- Bringing hands to mouth
- Rooting reflex
- *Offer breast or bottle when you see hunger cues instead of waiting for cries





Tips *to calm your baby*

- > Hold baby close to you, skin to skin
- > Swaddle with 1 hand out (so you can see any feeding cues)
- > Feed and/or burp the baby
- > Gentle rocking
- > Sing, shush or talk softly
- > Turn on some white noise or vibration
- > Walk while holding the baby/baby wear*
- > Give baby a warm bath
- > Gentle massage

There will be times when you've checked everything and baby is still crying. What do you do?

> Repeat the same thing
over and over

Over time you will begin to recognize what your baby needs.



Baby Wearing

Baby wearing is a great way to get closeness for you and baby without feeling you can't get anything done around your home.

You cannot spoil your infant by "holding too much". Holding or wearing your baby gives your baby a sense of safety and they tend to cry less and for shorter periods of time.

Wear your baby safely! Think **TICKS**

T Tight

Keep baby upright next to your body to prevent accidental falls.

I In view at all times.

You should be able to see your baby's face to make sure he is breathing.

C Close enough to kiss.

If you can't kiss the top of your baby's head, he is too far away from you.

K Keep chin off chest.

Make sure there is a gap of about two fingers wide under baby's chin.

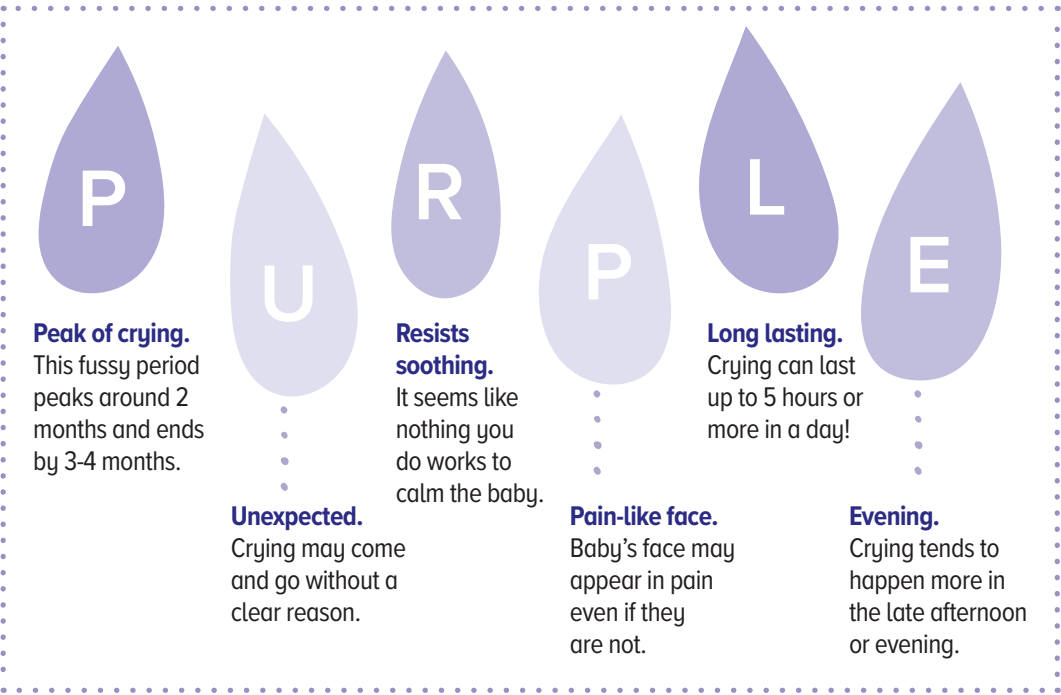
S Supported back.

While you want your baby to be secure, don't over-tighten the carrier over their back. No gap should be between your baby and your body, but it should be loose enough that you can slide your hand into the carrier.



Persistent Crying

Persistent Crying refers to daily crying that is difficult to soothe. This is a temporary and **NORMAL** phase of babies. It is often described using the word **PURPLE**.



How do you handle Persistent Crying?

Taking care of a baby is a lot of work and can be exhausting. If you are feeling overwhelmed try to:

Stay calm! This reassures your baby. If you are upset, it is harder to soothe the baby

Find support. Don't be afraid to ask for help from friends or family

Put the baby down in a safe place; walking away is okay

Never shake your baby as this can cause brain damage or death

Call the doctor if persistent crying is new or different get medical advice

**Persistent crying can be associated with maternal depression or anxiety. If you are feeling overwhelmed, check in on the Edinburgh Postpartum Depression Scale and/or check in with your provider.*

 **Check out other resources**

www.purplecrying.info | www.secretsofbabybehavior.com

Feeding

Feeding is the primary focus of your baby's early life because it happens so frequently.



Baby's feed an average of 8-10 times a day, which is every 1 1/2-3 hours, even at night!

Whatever your feeding choice, it starts with **skin-to-skin**.

Placing your baby on your bare chest regulates heart rate, breathing and temperature and starts the natural reflexes that prepare him for feeding.

Tip

Use skin-to-skin and the breast crawl to calm your fussy baby or to settle her for feeding anytime in the early weeks!

Feeding Volumes: Babies are born with a very tiny stomach that gradually stretches and grows.

- 🌀 Bottle feed your baby by starting with small amounts of milk and gradually increase by small volumes over time.
- 🌀 Overfeeding leads to stomach upset, gassiness and spit-up.
- 🌀 Formula usually digests about 30 minutes slower than breastmilk.

Size of a newborn's stomach



Day 1
size of a cherry
5 - 7 ml
1 - 1.4 tbs



Day 3
size of a walnut
22 - 27 ml
.75 - 1 oz

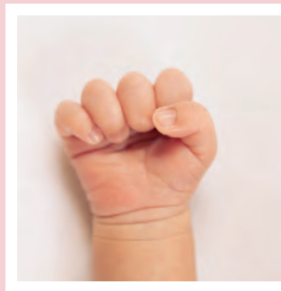


One Week
size of an apricot
45 - 60 ml
1.5 - 2 oz



One Month
size of a large egg
80 - 150 ml
2.5 - 5 oz

Your baby will go from tight, clenched fists to relaxed arms and open hands when he is full!



Hungry



Full

Unsure if baby is still hungry?

Watch for the tight fist, hand to mouth, rooting and sucking signs!



Paced Bottle Feeding allows your baby to control milk flow from the bottle nipple and prevents over feeding. It allows for rest periods and decreases the amount of air in the stomach from drinking too fast. Really fast milk flow prevents your baby from realizing his belly is full, so he overeats and then spits up.

To pace the feeding use these tips:

- ▶ Choose a slow flow nipple and if you are breastfeeding, use a standard nipple (long, narrow base)
- ▶ Hold baby more upright in your arms
- ▶ Touch bottle to baby's mouth and wait for him to open and accept it
- ▶ Hold the bottle level with the floor keeping the nipple half full of milk
- ▶ Pace the feeding by allowing rests as you tip the bottle back to slow the flow between every 4-5 sucks or when baby begins to drink too quickly
- ▶ Allow baby to pull the nipple back into his mouth when he is ready to continue feeding

Don't start solid foods until your pediatrician recommends them, usually around 4-6 months.

- ▶ Adding cereal to a bottle is not recommended without advice from a physician
- ▶ Don't give babies honey under 1 year of age to prevent a serious gastrointestinal condition called botulism
- ▶ Breastmilk is made up of 87% water. No additional water is needed
- ▶ If a baby is thirsty, breastfeed more often

Wet and Dirty Diapers

Age of Infant	0-2 days	3 days	4 days	5-7 days +	1-6 months
Wet Diapers	1 or 2 at least in 24 hours	3 to 5 in 24 hours	4-6 in 24 hours	6-8 in 24 hours	8 in 24 hours
Bowel Movements (BM)	At least 1 in 24 hours	At least 2 in 24 hours	At least 2 in 24 hours	3-4 in 24 hours	Every 1-3 days
Stool (poop) color	Black, sticky	Greenish-brownish	Greenish-brownish	Loose, yellow with white curd	Mustard color to brownish

Stool (poop) can range from soft to loose or even runny. Once starting solid foods, the stool may be firmer and have a stronger odor.

Contact your pediatrician if:

- 🌸 Your baby is stooling more than normal
- 🌸 The stool is watery, has blood or mucous
- 🌸 Stool is hard and baby strains to pass it

Growth Patterns

Babies should be back to their birth weight by 2 weeks. They double their weight by 6 months and are 2 ½ times their birth weight by 1 year.

Weight:

0-4 months

Gains 5-8 ounces a week (1/2 pound)

6 months-1 year

Gains 1-2 pounds a month

Length:

0-6 months

Grow 1 inch per month

6 months-1 year

Grow 1/2 inch per month



Growth spurts are periods of rapid growth.

Temporary signs of a growth spurt are:

- 🌸 Increased appetite
- 🌸 Baby is clingy or fussy
- 🌸 Wakes more frequently at night to feed
- 🌸 Is sleepy between feedings...
Growing is exhausting!

Common Periods of Growth

7-10 days	4 months
2-3 weeks	6 months
4-6 weeks	9 months
3 months	

Sleep

Sleep is important for the growth and development of baby's mind and body but also for your mental and physical health.

It is normal for newborn babies to wake frequently for feeding and care.

Newborns sleep up to 16 hours a day and there is no pattern in the early months. They may wake more frequently during growth spurts, changes in routine, illness, or learning a new skill like rolling or crawling!

How often do babies wake at night?

0-8 weeks >>> 3-4 times

2-3 months >>> 2-3 times

4-5 months >>> 1-2 times

6 months >>> 0-1 time

A newborn sleep cycle is 60 minutes long, but an adult sleep cycle is 90 minutes long.



This makes early parenting difficult because your body needs more time to get full rest than your baby's body does. Also, newborns are often born with their days and nights mixed up for the first few weeks.

- ★ Try to get several 90 minute naps in per 24 hour period.
- ★ This will give you restorative sleep which means you will feel more rested, stay stronger and recover faster.
- ★ New parenting lack of sleep does not last forever! Baby's sleep cycles typically begin to show a pattern around 3 months.
- ★ It is not recommended to sleep train a baby before 4-6 months, if at all, as your baby's body is just not ready!



There are 2 Types of Infant Sleep

Active Sleep (Light)

First 30 minutes of sleep cycle

- Helps baby's brain grow and develop
- Baby is dreaming
- Baby may move around, make noises
- Facial movement, eye twitching, smiling
- Baby will wake up easily

Quiet Sleep (Deep)

Second 30 minutes of sleep cycle

- Important for baby's brain to rest
- Baby has relaxed, floppy arms and legs
- Baby may make sucking movements
- Baby may easily startle
- Takes longer to wake the baby up



Newborns fall asleep in light sleep but wake easily until they are in a deep sleep.

It is best to wait for signs of deep sleep before you lay the baby down to prevent waking!

Tips

for Sleepy Parents:



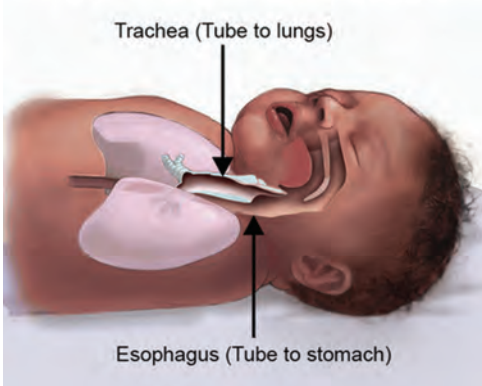
- Keep baby in same room as you*
- Use white noise to help you sleep*
- Be aware of baby's sleep cycle and rest when you can*
- Play time and physical activities in the day for good sleep at night*
- Turn off TVs and cell phones to reduce stimulation before bed*

Make baby's sleep time a safe time, every time

Each year, there are about 3,400 Sudden Unexpected Infant Deaths (SUID) in the United States among infants less than 1 year old.

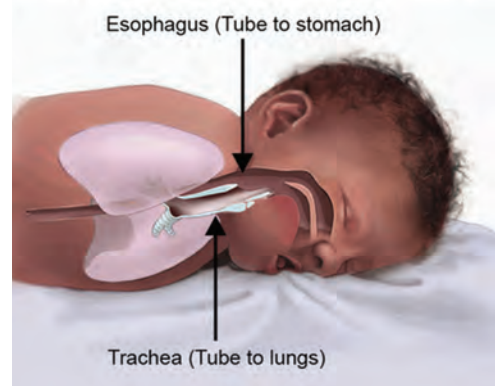
The three commonly reported types of SUID are Sudden Infant Death Syndrome (SIDS), accidental suffocation and strangulation in bed, or unknown causes.

Baby in the back sleeping position



Lungs are protected if baby spits up

Baby in the stomach sleeping position



Stomach contents can enter the lungs

What can you do to protect your baby from SUID?

Put your baby on his back for EVERY sleep

- ★ Do not allow baby to remain in car seats, loungers or swings for sleeping

Let your baby share your room but not your bed

- ★ Don't fall asleep with your baby on a couch, chair or mattress. The baby could get trapped or soft bedding could cause suffocation (stop breathing)
- ★ It is best to give baby her own sleep space near you
- ★ Keep baby where you can hear him and check on him frequently

Do not use fluffy blankets, pillows, bumper pads or stuffed animals in the baby's sleep space

- ★ To keep baby warm use a wearable blanket or sleep sack

Don't let your baby overheat

- ★ Keep baby's room 68°-72°
- ★ Try not to put too many clothes or blankets on the baby
- ★ Don't cover the baby's face or head

Don't allow any smoking around your baby or in your baby's sleep space

Exclusive breastfeeding (no formula) protects your baby from SIDS

- ★ Breastmilk is more easily digested causing the breastfed baby to wake more often to feed which protects your infant

Images above courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development, <http://www.nichd.nih.gov/sids>; Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.

Support



It is important that you find support that is actually helpful to you. Limit your “visitors” and find people who will help you with care of the baby or siblings, household tasks and will allow you to rest.

You cannot give from an empty well. Prioritizing self-care is important. When a mother is well taken care of, the whole family benefits.

Try to find some alone time for light exercise, yoga or taking a nap and couple time with your partner to maintain an emotional and physical connection.

“It takes a village to raise a child”

– This is an African proverb that reminds us of the need for the support of others in the journey as a parent.



85% of all mothers experience “baby blues” in the several weeks after giving birth.

You may have emotions that make you feel sad or teary due to hormonal changes happening in your body. If these feelings last longer than the first few weeks after delivery, it could be related to a postpartum mood complication.

YOU ARE NOT ALONE

1 in 7
women

REPORT experiencing some form of **postpartum depression** in the first year after giving birth and beyond!

There are many risk factors including:

- Stress
- Sleep deprivation
- Personal history
- Lack of social support
- Unrealistic expectations
- Financial stress or instability

Postpartum mood complications have many faces:

- Postpartum depression
- Postpartum anxiety
- Obsessive Compulsive Disorder
- Post-Traumatic Stress Disorder
- Postpartum psychosis (rare cases)



The questionnaire on the following pages can help you identify if you are at risk. It's very important to really think about how you've been feeling over the last SEVEN days when answering the questions because our emotions truly vary from day to day.



POSTPARTUM QUESTIONNAIRE

Edinburgh Postnatal Depression Scale

The following questionnaire was developed to detect if a woman may be having postpartum depression. Please save this questionnaire and answer the questions 4 to 8 weeks after your delivery. It usually takes about five minutes to complete. Please check the answer that comes closest to how you have felt IN THE PAST SEVEN DAYS, not just how you feel today.

1. I have been able to laugh and see the funny side of things.

- As much as I always could (0)
- Not quite so much now (1)
- Definitely not so much now (2)
- Not at all (3)

2. I have looked forward with enjoyment to things.

- As much as I ever did (0)
- Rather less than I use to (1)
- Definitely less than I use to (2)
- Hardly at all (3)

3. I have blamed myself unnecessarily when things went wrong.

- Yes, most of the time (3)
- Yes, some of the time (2)
- Not very often (1)
- No, never (0)

4. I have been anxious or worried without a very good reason.

- No, not at all (0)
- Hardly ever (1)
- Yes, sometimes (2)
- Yes, very often (3)

5. I have felt scared or panicky without a very good reason.

- Yes, quite a lot (3)
- Yes, sometimes (2)
- No, not much (1)
- No, not at all (0)

6. I have been feeling overwhelmed.

- Yes, most of the time I haven't been able to cope at all (3)
- Yes, sometimes I haven't been coping as well as usual (2)
- No, most of the time I have coped quite well (1)
- No, I have been coping as well as ever (0)

7. I have been so unhappy that I have had difficulty sleeping.

- Yes, most of the time (3)
- Yes, sometimes (2)
- Not very often (1)
- No, not at all (0)

8. I have felt sad or miserable.

- Yes, most of the time (3)
- Yes, quite often (2)
- Not very often (1)
- No, not at all (0)

9. I have been so unhappy that I have been crying.

- Yes, most of the time (3)
- Yes, quite often (2)
- Only occasionally (1)
- No, never (0)

10. The thought of harming myself has occurred to me.

- Yes, quite often (3)
- Sometimes (2)
- Hardly ever (1)
- Never (0)

SCORING

Question No.	Your Score
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total 1-10	

Scoring:

A total score above 5 indicates that you may be experiencing symptoms of depression. A score above 10 indicates that you should contact your provider immediately. Talk to your doctor or nurse-midwife as soon as possible for further information.

Cox JL, Holden, JM, Sagovsky, R: Edinburgh Postnatal Depression Scale (EPDS). *British Journal of Psychiatry* 1987; Vol.150.

If you score above 10 and would like resources for support groups/counseling, please contact a Baystate's Babies Parent Educator.

If you are in crisis, call Behavioral Health Network (BHN) for 24 hour psychiatric assessment services, or go to your nearest Emergency Department.

Find your support network

Make a list of phone contacts of at least 3 people you trust to help you if you are needing an immediate physical or mental break

Find resources in your neighborhood that are available to you and your family

- ♥ Local church
- ♥ Playgroups
- ♥ Childcare services
- ♥ Parent support groups - can be found at [BaystateHealth.org/parented](https://www.baystatehealth.org/parented)

Please consider joining us for our mother to mother group. It is a safe place for women to share experiences and thoughts with other mothers.

Keep a list of health care services available to you

- ♥ Your pediatrician
- ♥ Your medical provider, OB or midwife
- ♥ Lactation Consultant – Baystate Lactation Consultation services 413-794-5312
- ♥ Therapist or social worker
- ♥ Baystate's Babies – Parent Education Department, 413-794-6857

Visit us on Social Media for ongoing support and parenting information at Baystate's Babies



Baystate's Babies

Today I

Smiled

for the first time

DATE

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Today I

Crawled

for the first time

DATE

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Today I

Rolled Over

for the first time

DATE

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Today I

Laughed

for the first time

DATE

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Today I

Cut a Tooth
for the first time

DATE

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Today I

Walked
for the first time

DATE

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Today I

Took My First Step
for the first time

DATE

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Baystate's Babies

Today I

Sat Up
for the first time

DATE

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Watch Me Grow

Baby's 1st Year Milestones

1-3 months

- Emotional skills** Recognizes your face
Smiles
Comforted by your touch
- Language skills** Begins cooing sounds
- Motor skills** Brings hands to mouth
Kicks legs when on the back
Raises head and upper body during tummy time

4-7 months


- Emotional skills** Listens to your voice
Understands emotions by your tone of voice
- Language skills** More cooing
Laughs and giggles
- Motor skills** Likely rolls from stomach to back
Reaches for toys
Moves objects from one hand to the other
Begins to try to sit up

8-12 Months

- Emotional skills** Becomes upset when parents leave
Is uncomfortable around strangers
- Language skills** Begins to understand simple words like “no”
Looks and listens at the same time
Recognizes everyday sounds
May start to mimic words or use “mama” “dada”
- Motor skills** Begins to wave hand and point
May start to crawl
May pull to standing and cruise along furniture
May begin to walk



*Scan for the Baystate Parent
Education Newsletter*

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