

# Care for new mothers

In the six weeks following the birth of your baby, the changes of pregnancy are gradually reversed as the body begins to return to its non-pregnant state. These first six weeks are called the postpartum period. This is a time for learning about your new role as a mother and your new life as a family. If you already have children, it will be a time for the family and new baby to learn about each other.

During this time, in addition to learning to care for a new baby, you will be adjusting to many physical and emotional changes. That means you have to remember to take good care of yourself as well.

Here is some information to help you understand what changes your body is going through. Also included are some tips for coping with the changes.

## Comfort care

### Uterine changes and cramping

Cramping (the uterus contracting) helps the uterus return to its normal size. Cramping or “after-pains” are felt as the uterine muscle contracts and are most noticeable in the first three to four days after delivery. You may notice more cramping when breastfeeding or with increased activity. Cramping is generally mild after the delivery of your first baby but may be stronger and more painful with subsequent deliveries.

Your health care provider may prescribe pain medication for cramping, or you may use over-the-counter medications such as ibuprofen or acetaminophen (Advil or Tylenol).

### Vaginal bleeding (lochia)

Vaginal bleeding, or lochia, following delivery is similar to menstrual flow. Bleeding is usually moderate and bright to dark red for the first two to four days after delivery. The vaginal bleeding will lighten and change to pinkish red or brown within one to two weeks following delivery. You may then notice your flow turning yellowish in color, or lightening and totally stopping. You may notice spotting for several weeks after delivery.

Notify your health care provider if your bleeding becomes heavy (greater than one pad per hour) or you notice a foul odor to the bleeding. Use pads during the entire postpartum period (four to six weeks): do not

use tampons. Change pads several times daily, after urinating or having a bowel movement.

### Perineal care

If you had an episiotomy or tear, with stitches at delivery, it will take about four to six weeks to heal. Swelling of your bottom, or the perineal area, is common after having a baby. Place ice packs on your bottom for the first day after birth. At the hospital, the nurses will bring ice packs for you. After 12 to 24 hours you may take a warm Jacuzzi bath two to three times a day to help decrease the swelling. After urinating, rinse with warm water from a “peri-bottle” from front to back, to cleanse your perineum. Then pat dry with toilet paper. This should be done as long as vaginal bleeding is present. Do not use vaginal douches.

Stitches will dissolve, they do not need to be removed. As they dissolve it is normal to find pieces of the stitches on the sanitary pad. If pain or swelling increase, notify your health care provider.

Topical applications such as witch hazel pads (Tucks) or anesthetic sprays (Dermoplast), foams or creams may be applied to the episiotomy or hemorrhoids as directed on the package. If burning or increased swelling occurs, discontinue use and contact your provider.

### Bathing

At home, warm baths may help lessen the swelling. Bathe two to three times daily for 15 to 30 minutes for comfort and to aid in healing. Do not use bubble bath or douches. Showers are OK. Use this time to relax, drink some juice or water and read a book. Have your family or friends help you with the baby so you can totally relax for a few minutes or half hour.

If you had a cesarean birth, do not soak your incision until you have seen your provider for a follow-up appointment.

### Pain medications

While you’re still in the hospital, ask your nurse for medication, if needed. Your health care provider has ordered pain medication for you to take at home as well. Once you are home, if the pain becomes more severe and is not relieved by the prescribed or over-the-counter medication, call your health care provider.

## Urination

Urinating large quantities for the first few days after delivery is normal. If you have stitches, it is normal for this area to burn while urinating. Continue to rinse well after urinating. If you notice increased burning or frequency, call your health care provider.

## Bowel movements

Most women will have a bowel movement one to three days after delivery. Avoid constipation by drinking lots of fluids and eating extra fiber, fruits and vegetables, and whole grain foods. Walking in the hospital and at home will help. Talk with your health care provider about taking a stool softener or a mild laxative if you have not had a bowel movement in four days, or if you have special concerns. (You will be given instructions at discharge from the hospital: refer to these before calling your health care provider.)

## Hemorrhoids

If you have hemorrhoids, you may apply cold compresses, take warm baths or apply topical ointments. Avoid constipation. Pain medications may be needed. Ask your health care provider for prescription medication, if the pain is severe or if hemorrhoids do not improve.

## Special instructions for after cesarean birth

If you have had a cesarean birth, you will be recovering from major surgery, as well as learning to take care of your baby, and coping with your feelings. Your nursing staff is available to assist you with this adjustment. Before you have your baby, think about who may be available to help you after the birth. Talk with family and friends, and plan ahead for help with housekeeping, laundry, shopping and cooking. Allow time for you to recover, rest and cope with the new changes in your life.

## Activity

After your surgery, you will be in bed for several hours. Before you get up, your nurse will remind you to take deep breaths to help keep your lungs clear. About 12 hours after your surgery, your nurse will help you sit in a chair. The nurse will remove your catheter and IV within 12 to 24 hours after your surgery; then she/he will help you up to the bathroom and for short walks in your room. Your activity will gradually increase until you are

walking in the halls. Usually your stay at the hospital is two to three days.

For a few weeks, avoid driving or lifting anything heavier than your baby. Avoid curl ups until after your first visit with your health care provider.

## Nutrition

In the first few hours after the birth, you are usually only allowed to take sips of water or ice chips. As the anesthesia wears off, you will be given more fluids, gradually increasing to regular foods as tolerated.

## Pain medication

If you have had spinal or epidural anesthesia for your surgery, you may continue to have pain relief for several hours after your delivery. You will then start on pain pills in 12 to 24 hours to help with any pain you may still feel. At the hospital, ask for pain medication if you are uncomfortable. After you go home from the hospital, you will be given a prescription for pain medication. Use the medication as directed and as needed, and taper off to over-the-counter medications when you are able to, usually within three to five days.

## Incisional care

Your incision may be closed with surgical glue, dissolvable sutures or staples. Staples will usually be taken out and replaced with a special tape before you go home. You may shower and get these tapes wet, (trim the edges as needed). The tape will fall off gradually in seven to 10 days. Do not use soap on your incision. Be sure to air dry your incision before putting on your clothing. After two weeks you may remove any remaining tape or glue. Call your health care provider if you notice any signs of infection including redness, swelling, discharge, tenderness or separation of the incision. You may need to use a hand mirror to view the incision each day. Avoid tub bathing until the incision is healed.

## Other postpartum concerns

The following signs and symptoms may indicate a problem requiring treatment.



*Please call your health care provider if you are experiencing any of the following.*

### Symptom:

- Fever above 100.40 F
- Burning with urination or blood in the urine
- Inability to urinate
- Swollen, red, painful area on leg (especially calf) that is hot (or warm) to the touch
- Sore, reddened, hot, painful area on breast(s) with fever and flu like symptoms
- Heavy bleeding (more than one pad an hour); passage of golf ball-size red clots, pieces of tissue.
- Foul odor to vaginal discharge; vaginal soreness or itching
- Severe vaginal, pelvic or abdominal pain, not relieved by prescribed pain medication
- Increase in pain in vaginal repair or episiotomy site; may be accompanied by bleeding or foul smelling discharge
- Redness, increased discomfort, drainage, foul smell from incision or if incision opens up
- Chest pain, cough or shortness of breath
- Nausea and vomiting
- Feeling depressed, uncontrollable crying, inability to sleep or eat, anxiety or agitation, feeling trapped, thoughts of harming self or baby, or if these feelings interfere with your ability to care for yourself or your baby. These feelings can occur at any time within one year of giving birth. (Help is available — see the “[Resources](#)” chapter.)
- Severe headaches or visual changes

## Nutrition and exercise

### Healthy eating

Eat a well-balanced diet including a variety of fruits, vegetables and whole grains. While breastfeeding, women need to eat:

- 3 to 4 servings of milk or dairy products
- 2 to 3 servings of meat or meat alternatives
- 3 to 5 servings of vegetables
- 3 to 4 servings of fruits
- 6 to 11 servings of breads/grains

Women who are breastfeeding need an additional 200 to 500 calories daily, depending on each woman’s individual BMI. These calories should be from one of the above food groups. Avoid extra foods, such as sweets and food high in fats and salt. Continue taking your prenatal vitamins as long as you are breastfeeding. Drink enough fluids to satisfy your thirst, at least eight glasses a day. We recommend mostly water and some juice or milk. Please avoid caffeinated or carbonated beverages. If you do not like or cannot tolerate dairy products, talk with your health care provider about a calcium supplement.

### Vegetarian diet

Women who are on a vegetarian diet and eat eggs and dairy products are able to meet their needs for nutrients as long as they eat a variety of foods, including legumes, whole grains, and nuts. Strict vegetarians or “vegans,” who do not eat animal or dairy products, may need supplements of vitamin B-12, found only in animal foods, and iron, calcium and protein. Ask your health care provider for information or a referral to a registered dietitian for more detailed dietary information, if you have questions.

### Exercise

Rest is very important after the birth of your baby. It is normal to tire easily with the demands of a newborn and of other family members. Allow yourself a few days to rest and recover. Gradually increase your activity to your pre-pregnancy level to help you regain your energy and strength. Add walking and other mild activity as you feel able. Avoid aerobic exercises for four to six weeks, as this may increase your vaginal bleeding.

### **Light exercises for after delivery, while in the hospital:**

- Take short walks in your room or in the hall.
- Tighten the vaginal muscles and hold for 10 seconds (the Kegal exercise) one to three times a day as able. Gradually increase to 10 to 20 Kegals a day over the next few weeks.
- Rotate ankles in a circle and point and flex your toes. Repeat five to 10 times two to three times daily, especially if you are not up and walking.

### **Exercises after going home:**

- Continue to gradually increase your activity to your pre-pregnancy levels.
- Do not attempt sit-ups, running or aerobics prior to your first visit with your health care provider.
- Avoid housework, such as vacuuming and laundry for three to six weeks.
- Increase the amount of walking you do gradually. Walking is an excellent, gentle way to tone muscles after the birth of your baby.
- Continue the above exercises as desired.

## **Sleep**

Naps and resting are important after you have your baby. Try to get as much sleep and rest as possible in the first few weeks after delivery. Your body needs sleep and rest to help you heal and recover after birth. Staying well rested will help keep your emotions level and allow you to have more energy for the baby and the rest of your family. Resist the temptation to use the baby's naptime as an opportunity to get chores or other tasks done. Resting is important! Try to get at least one nap or resting time in each day. A nap in the afternoon or early evening can replenish your milk supply and help you have enough energy to meet your baby's nighttime demands.

## **Emotional changes**

Emotions after the birth of your baby may be among the most intense you've ever felt. It is like no other experience in life. You may feel love, joy, uncertainty and exhaustion — and even all of them at about the same moment. Becoming a new mother involves a tremendous amount of adjustment for you and your partner. There are many books available about parenting and children. There are also several local parent/baby groups you

may want to check out. Check the resource list in this notebook, talk with family and friends, as well as your childbirth educator, maternity care coordinator and health care provider for suggestions.

Give yourself time to adjust, and make sure you get plenty of rest. Have a family member or friend arrange a schedule for bringing meals and for giving gifts of time for shopping, childcare, housecleaning and help with limiting visitors. Don't feel that it is your job to entertain family or friends.

## **Postpartum blues**

"Baby blues" or "postpartum blues" are a natural response to a huge drop in hormone levels after giving birth. About 70 to 80 percent of new mothers experience postpartum blues. The blues usually start within three to five days, and last up to two weeks. You may feel tearful, exhausted and irritable, and have trouble sleeping.

Postpartum depression does not go away within two weeks after birth. Keep reading for more information about postpartum depression.

Along with experiencing major hormonal changes, you may also be tired and suffering from lack of sleep. The adjustment of becoming a parent and trying to manage the tasks of caring for your new baby while recovering from the birth may feel overwhelming at times. Read through the list below to find some suggestions to help lessen the effect of the blues. There is help available if you need it. See the "[Resources](#)" chapter in this notebook or call your health care provider.

### **To try to lessen the effect of the blues we encourage you to:**

- Try to get enough rest.
- Eat a balanced diet.
- Spend a little time away from the baby each day or two to three times a week (even a few minutes for a quiet bath or a short walk may help you to feel rejuvenated).
- Begin walking or another mild activity as early as you feel able.
- Share your feelings with your partner, close friend or family member.
- Call other new parents; find a local support system.
- Don't expect too much from yourself. Give yourself time to heal and rest.

- Ask for help at home. Your partner, family or friends may be more than willing to help with the care of an older child, cooking, laundry and housecleaning.
- Prepare some meals ahead of time and place them in the freezer. Shop for baby and new mother supplies before your baby is born. Stock up on easy-to-fix meals.
- If you live alone, ask your family or a friend to check on you daily and bring meals, if possible. You may want to consider staying with a family member or friend or having a family member or friend stay with you for a few days after the delivery.
- Ask for help. Call your partner, family, friends, health care provider or maternity care coordinator, if you are feeling overwhelmed or having trouble coping. Don't try to "go it alone." With some help and support, you will be able to recover, get some rest and regain the strength you need.



### Postpartum depression

Postpartum depression is the most common complication of childbirth. Twenty percent of women may suffer from postpartum depression and/or anxiety. Postpartum depression is defined as having feelings of sadness, anxiety, despair or hopelessness that interfere with a new mother's ability to care for herself or her new baby and that do not go away within two weeks after birth.

Women are more at risk for postpartum depression if they have a history or family history of depression, or mental health issues. Lack of sleep and lack of support after the birth of your baby may contribute to or worsen depression symptoms.

If you have any of these symptoms for longer than two weeks after birth, call your health care provider or maternity care coordinator. You should also call your provider if you are experiencing anxiety or panic attacks, constant worrying, despair or helplessness that are interfering with your eating, sleeping, or caring for yourself or your baby.

*If you have thoughts of harming yourself or your baby, go to the nearest emergency room or call 911. These thoughts may occur at any time within one year of giving birth.*

### Grief and loss

If your baby has had severe complications or is transferred to another hospital, or you have suffered a

loss, there is support available. Please talk with your health care provider, staff nurse or maternity care coordinator to discuss your situation and concerns. Counseling and support groups are available. Please refer to the "[Resources](#)" chapter for contact information.

## Couples relationships

A healthy relationship with your partner is vital to your child's well-being. Set time aside to be alone with your partner. Find someone you trust, and leave your baby with that person for a short time. Take a walk, have a quiet dinner alone, and share your feelings, goals and just how your day has gone. Try taking five to 10 minutes together to reconnect after being away from each other. Just hug and ask how your partner's day has been. Stop, listen and really focus on each other for a few minutes.

### For fathers

Becoming a father is a time of adjustment. Share your feelings with your partner, as she is often overwhelmed with concerns about herself and her new baby and may not be aware of your feelings or may misinterpret your attempts to communicate. Develop your own support system — other new fathers, family members, someone to share your concerns with. There are many new parent groups in the area: check one out. If possible, plan for several days off from work to give yourself and your partner time to rest, recover and enjoy the first few days with your new baby as a new family. After some rest, the adjustments will seem less overwhelming.

You may not have fallen instantly in love with your baby, and that is normal. By caring for your baby you will begin to feel more attached to him or her. Talk to your baby, cuddle skin-to-skin, hold and make faces at him or her and watch your baby's responses. Spend time alone with your baby. It will give you and your baby time together and give your partner a much-needed break.

If your partner is breastfeeding, consider other ways to help care for the baby, such as holding, burping, hugging, bathing, diapering, rocking or taking your baby for a walk.

A father's love and the time spent with your baby is important to your baby's growth and development. Helping your partner with household chores (or arranging for outside help), arranging for childcare for older siblings and managing visitors, will all help her to rest and recover more easily. You also may want to spend special time with older children to reassure them of your love.

## Sex

Your health care provider will usually recommend waiting to have intercourse until after your six-week postpartum check up. That's so your body has time to heal and prevent infection. Intercourse may be uncomfortable due to hormonal changes that may increase vaginal dryness. You may want to use a water soluble lubricating jelly, such as K-Y, when you are ready to resume sexual intercourse. Spending time talking, walking, cuddling may help new parents increase sexual desire.

## Birth control/family planning

Talk to your provider before your baby is born to learn about all the options that are available for birth control. Breastfeeding is not considered birth control; it will not prevent pregnancy.

There are many forms of birth control, some short term and some long term, and some permanent.

Within your community you will find affordable birth control resources. Check the “[Resources](#)” chapter of this notebook for more information. Prior to your delivery, call the different resources to inquire about the programs and services that are available to you.

## Menstruation

Your periods may begin before your six-week postpartum check or as late as several months after delivery. If you are breastfeeding, your periods may not return until you start to wean your baby. Breastfeeding is not a form of birth control. Remember, you will ovulate before your first period, so you will want to use birth control to prevent pregnancy until you are ready. Talk to your health care provider if you need more information.

## Returning to work

It is highly recommended to take as much time as possible off from work after the birth of your baby. If possible, take a full three months leave. Some women are able to use vacation or sick pay to extend their time off work. Prior to the birth of your baby, talk with your employer about the Family Medical Leave Act (FMLA) for you and your partner.

Look at your expenses and income, and add up how much it costs for extra items for work. Add the cost of work clothing, convenience foods, daycare, transportation costs and other expenses. Check if your

employer offers opportunities for job sharing, part-time work or flexible hours. This may allow you to arrange for childcare coverage with your partner's schedule. Check out childcare options before your baby is born.

There are some resources in this notebook. If you decide to stay home with your baby, check out the [local support network](#).

## Safe surrender

Not all women who get pregnant are ready to raise a child. An Oregon law called A Safe Place for Newborns allows a distressed parent to give up a baby safely, legally and confidentially.

With this law, you may take the baby to one of the following places:

- Hospital
- Doctor's office
- Birthing clinic
- Police station
- Sheriff's office
- Fire department

As long as the baby meets the following criteria, there will be no legal consequences for surrendering the baby:

- Baby is 30 days old or younger
- Baby is handed to a person at one of the above places
- Baby shows no signs of abuse

You will be offered a form to supply health information. You can fill out the form immediately or you can take it with you to fill out and send in later. After that, you are free to leave at any time. The baby will be cared for and will receive medical attention if needed. If you need support or to talk to someone about this decision, call 211.

When a parent cannot care for an infant, leaving the baby at A Safe Place for Newborns may be the best choice for the child. Please remember that feeling like you can't take care of your baby may also be a sign of depression.

Call 211 for help.

# Feeding your new baby

We encourage you to breastfeed (nurse) your baby. Oregon is among the top states in the nation for breastfeeding, and classes and support are available in each community Samaritan serves. Ongoing research continues to provide more and more reasons why breast milk is best for baby and why breastfeeding is best for new mothers. The American Academy of Pediatrics and the World Health Organization recommend breastfeeding as the sole source of nourishment for the first six months. They recommend continued breastfeeding along with the introduction of solid foods through the first year or longer.

Whatever your choice, though, whether it be to breastfeed or bottle feed, we'll support your decision and help you to be successful. What's most important is that feeding time be a loving and satisfying time for both baby and mother.

**We strongly encourage you to attend a breastfeeding class taught by a certified lactation consultant prior to the birth of your baby.** You will receive detailed information on breastfeeding and information on when and how to contact a lactation consultant if needed after delivery.

**Did you know ...** Most newborns nurse eight to 12 times a day.

## Benefits of breastfeeding

### Benefits for baby:

- Your baby gets perfect nutrition. Everything your baby needs is present in your breast milk in just the right amounts. In fact, as your baby grows, your milk will change to meet your baby's changing needs.
- Your baby will be healthier. Breastfed babies have fewer allergies, fewer infections and a decreased chance of developing eczema, asthma and chronic disorders of the immune system. Human milk helps protect babies from illness and developing allergies.
- Breastfed babies have less tooth decay.
- Breastfed babies are three to four times less likely to develop ear infections.
- Breast milk is easy to digest, so breastfed babies have fewer problems with diaper rash, digestive upset and constipation.

- Breast milk promotes optimum brain development and helps your baby reach his or her full potential. This is a long-lasting effect.
- Breastfeeding helps you bond with your baby. The emotional bond is as vital as the nutritional benefit he or she receives. Breastfeeding promotes a growing attachment between the two of you that will continue to play an important role in your child's development for years to come.
- Breastfeeding reduces the rate of SIDS.
- Breastfeeding decreases the risk of developing diabetes.

### Benefits for mom:

- Breastfeeding lessens the risk of postpartum depression and anxiety.
- Breastfeeding speeds your recovery after your baby's birth by protecting you from excess bleeding and by helping your uterus return to its normal size more quickly.
- Breastfeeding can help you lose the weight you gained during pregnancy.
- Exclusive breastfeeding can delay the return of your menstrual periods.
- Breastfeeding saves you money and time. There is nothing special to buy. Your baby's food is always ready and at the right temperature, and there is no preparation time or waste. Because breastfed babies are healthier, you worry less and also spend less money and time in the doctor's office.
- Breastfed babies are easier to care for. Breastfed infants smell sweet. Their spit-up isn't likely to stain clothes, and bowel movements have only a yogurt-like smell until other foods are added. Your milk is all most babies need for the first six months of life!
- Breastfeeding can protect your health in years to come! Breastfeeding may decrease your risk of breast and ovarian cancers and play a role in protecting your bones in the long run. The longer you breastfeed each baby, the more benefits for each of you.

### Benefits for the environment:

- No garbage is generated because of breastfeeding. Valuable resources, such as water, electricity or other fuels, are not used up in the production of breast milk.

- Less illness in breastfed babies means fewer costs for medical care, fewer problems with the spread of infections, and less time lost at work.

### Dose-response benefits of breastfeeding

Condition	Percent lower risk	Breastfeeding length needed to achieve benefit
Ear infection (otitis media)	23% 50%	Any ≥ 3 or 6 months exclusive breastfeeding
Upper respiratory tract infection	63%	> 6 months exclusive breastfeeding
Lower respiratory tract infection	72%	≥ 4 months exclusive breastfeeding
Asthma (with family history)	40%	≥ 3 months
Asthma (no family history)	26%	≥ 3 months
RSV bronchiolitis	74%	> 4 months
Atopic dermatitis (with family history)	42%	> 3 months exclusive breastfeeding
Atopic dermatitis (no family history)	27%	> 3 months exclusive breastfeeding
Gastroenteritis	64%	Any
Inflammatory bowel disease	31%	Any
Obesity	24%	Any
Celiac disease	52%	> 2 months (with gluten exposure when breastfeeding)
Type 1 diabetes	30%	> 3 months exclusive breastfeeding
Type 2 diabetes	40%	Any
Leukemia	20%	> 6 months
SIDS	36%	Any > 1 month
<i>From the American Academy of Pediatrics</i>		

# Breastfeeding: Getting off to a good start

**Breast milk is the best nutrition for your baby.** All health care organizations recommend exclusive breastfeeding for the first six months and breastfeeding for at least the first year of life. Breastfed babies have fewer ear infections, diarrheal diseases, and allergies and have improved digestion and nutrition. Breastfed babies are also at lower risk for obesity, SIDS and diabetes. Mothers who breastfeed have lower rates of type 2 diabetes, breast and ovarian cancer, and are at lower risk for postpartum anemia and depression.

**Placing your baby skin-to-skin** helps baby transition to life outside of the womb. Babies who are held skin-to-skin regulate their body temperature, blood sugar, heart rate, and respiratory rate better, and cry less. Keeping your baby skin-to-skin will help you identify their early hunger cues, allowing you to feed your baby on demand. Hold your baby skin-to-skin for at least 60 minutes at a time, as often as you or your partner are able, especially during the first few days after birth.

**Feed your baby on demand by noticing feeding cues.** Try to begin feedings when you see early or active feeding cues. Waiting for late feeding cues, such as crying, may make breastfeeding more difficult. Avoid pacifier use for the first 3 to 4 weeks until feeding is well-established.

- Early feeding cues are subtle, such as restless sleep, slight sucking motions and tongue extensions
- Active feeding cues include fast breathing, rooting for the breasts and making light sounds such as whimpering or fussing
- Late feeding cues include frantic movements, crying, exhaustion or falling asleep

**Monitoring your baby's urine and stool** will help you understand if s/he is getting enough to eat. Baby's stool will change as your breast milk changes and is a good indicator that your mature milk is coming in. This will happen between day three and five after birth.

	<b>First 24 hours Birth Day</b>	<b>48 hours Day two:</b>	<b>Days 3 to 5:</b>	<b>One week Days 6 to 7:</b>
<b>Wets:</b>	1 to 4 times in 24 hours	1 to 4 times in 24 hours	4 or more in 24 hours, lightening up in color	6 or more times in 24 hours
<b>Stools:</b>	1 to 5 times in 24 hours; dark and tarry	1 to 5 times in 24 hours; dark and tarry	2 to 12 times in 24 hours; loose, yellow and green	4 or more times in 24 hours; runny yellow, seedy

## **Alertness:**

Your baby will feed best when alert and awake and show good feeding cues.

In the early days, babies may need to be brought skin-to-skin often, to help them wake up and be ready to feed. It's common for babies to be sleepy in the first day of life.

By day 3 or 4, most babies wake on their own and are demanding to feed. This behavior is in response to your milk changing and increasing in volume.

## **Feedings:**

Assure at least 8 feedings in 24-hours. A more regular pattern will begin developing by the end of the first week.

Do not limit the time for each feeding or how often you feed if the baby is interested in feeding. Most babies need to work on a feeding for 20 to 40 minutes.

Watch for rhythmic sucking patterns and listen for swallowing. Expect frequent night feeds and offer both breasts at each feeding.

# Steps to successful breastfeeding

- Learn about breastfeeding before your baby is born. Books, breastfeeding classes or support groups can be helpful. Encourage and help your partner to learn about breastfeeding.
- Select a health care provider for yourself and your infant who is supportive of breastfeeding and is willing to help you work through any concerns you might have. Check with your health care provider about lactation services.
- It is not necessary to prepare your nipples before your baby is born. However, during one of your doctor visits, have your provider or lactation consultant examine your nipple type. Inform your provider or lactation consultant of any breast surgeries you have had.
- Labor medications may make your baby sleepier than normal after birth or interfere in subtle ways with a baby's ability to suckle.
- Keep your baby skin-to-skin as much as possible. Skin-to-skin time helps baby transition to life outside the womb. Skin-to-skin is placing your baby tummy-to-tummy on your chest. Your nurses will provide a blanket to help keep baby warm. There are many benefits to skin-to-skin. See more information at the end of this section.
- **Breastfeed early.** Breastfeed your baby as soon as possible after birth. Most healthy babies begin breastfeeding within an hour after birth if left undisturbed with their moms. This helps establish your milk supply.



*Correct latch*

- Correct latch is very important in preventing problems with breastfeeding. Hold your baby close tummy-to-tummy or in one of the other positions.

(See illustrations.) Make sure your baby opens his or her mouth wide before latching on and gets as much of the areola as possible in his/her mouth.

- If the baby slips down to the end of the nipple, break the suction and start again for proper latch.
- To remove your baby from the breast, slide your index finger into the corner of the baby's mouth and gently pull down to release the suction.
- **Breastfeed on demand**, and spend time with your baby learning his or her cues for feeding. Common cues are smacking their lips, turning their heads searching for the breast, sucking on their hands and crying. Don't wait until your baby begins to cry, which is a late sign of hunger.
- **Alternate positions.** There are several ways to hold baby while breastfeeding. These include the cradle, football or side-lying positions. You will find a position that is most comfortable for you and your baby. It is helpful to change positions for nipple comfort while breastfeeding (see pictures and descriptions).
- **Prevent nipple soreness** by helping your baby with proper latch and position — not by limiting the amount of nursing time. Use alternate positions including cradle, side-lying or football hold if needed.
- **Breastfeed frequently.** Most newborns nurse eight to 12 times a day. Often feedings may be very close together during one part of the day. It may seem as if the baby wishes to nurse constantly. This is normal, and babies tend to do this less by three months of age.
- **Get extra rest** in the daytime.
- **Don't give your baby bottles of water**, other supplements (formula), or pacifiers while you are learning to breastfeed. Supplements and pacifiers can interrupt time at the breast and interfere with the cycle of supply and demand.
- **Set up a breastfeeding area** at home. Be sure to get some fluids to drink. Have several pillows available and the phone within reach, then get in a comfortable position before you begin to breastfeed your baby.
- **Get help if you have problems** or questions about breastfeeding! Breastfeeding is the best thing you can do for yourself and your baby, but it doesn't come easily for every mom. It may be comforting to talk with other mothers who have breastfed, or you may wish to speak to a lactation consultant or an

individual who has special training and certification to help nursing moms. Your health care provider, hospital, maternity care coordinator or health department (WIC) may be able to give you assistance or referrals.

- If you have a baby with special needs, contact a lactation consultant to assist you with your breastfeeding success.

*Remember breast size does not determine how much milk you will produce. As long as your baby is latched and suckling correctly, the amount of milk you produce is determined by how much your baby nurses.*

## **Pacifiers and breastfeeding**

It is recommended that breastfed babies not use a pacifier until breastfeeding is well established, usually at 3-4 weeks of life.

### **Does my breastfed baby need a pacifier?**

Your baby may have a need to suck, even when they are not feeding. Sucking that is not associated with feeding is called non-nutritive sucking. Sucking at the breast, on a parent's finger, or their own hands and fingers can meet your baby's need for non-nutritive sucking, without using a pacifier.

If your baby is fussy or difficult to settle, try the following before using a pacifier:

- Place your baby skin-to-skin
- Decrease stimulation in your room (turn down the lights, turn off the TV)
- Make sure your baby's diaper is clean
- Make sure your baby isn't too cold, or too hot

### **What are the disadvantages of using a pacifier?**

- Pacifier use may hide your baby's early feeding cues, like licking their lips, making mouth movements, or sucking on their hands, which may delay the start of a feeding
- The shape and texture of a pacifier is different than the breast and nipple, your baby may develop a preference for the firmness, making it difficult to latch to the breast correctly
- Pacifiers may cause more frequent ear infections
- Pacifiers that are clipped or tied to the baby may cause strangulation

- Pacifiers can break down into small pieces that may cause choking

### **What about pacifiers and SIDS (Sudden Infant Death Syndrome)?**

Breastfeeding is associated with a reduced risk of SIDS, and the protective effects increases with breastfeeding exclusivity. The American Academy of Pediatrics recommends using a pacifier at naptime and bedtime once breastfeeding is well established.

### **How do I know if breastfeeding is well established?**

- Your milk supply has increased
- Baby breastfeeds at least 8 to 12 times in 24-hours
- Baby is satisfied after breastfeeding
- Baby is gaining weight
- Baby is heard swallowing during breastfeeding
- Baby has the expected number of dirty diapers

### **If I choose to use a pacifier, what should I know?**

- Do not skip or delay a feeding by using a pacifier, this may lessen how often your baby breastfeeds, which may lower your breast milk supply
- Pacifiers can carry germs, so wash the pacifier frequently with hot, soapy water
- Do not "clean" the pacifier by putting it in your mouth, this may spread germs from you to your baby

## **Breastfeeding positions**

**Cradle position (cross-cradle):** The baby is placed across your upper abdomen, your baby's tummy next to yours. The baby's ear, shoulder and hip should be in a straight line. The baby is held with the opposite arm of the breastfeeding side. The other hand supports under the breast and guides the nipple into the baby's mouth. Your baby's nose should be at the level of your nipple.

**Football position (clutch):** Place your baby on his or her side beside you. Use pillows to support your arm to hold baby even with your nipple. The baby's ear, shoulder and hip should be in a straight line. Your hand will help support baby's head.

**Side-lying position:** Place your baby on his or her side with baby and you tummy-to-tummy. Be sure baby's ear, shoulder and hip are in a straight line. Baby's nose should be level with your nipple. As baby opens its mouth wide, position your nipple to the roof of baby's mouth.

Bring baby toward you, do not lean over to your baby.  
Pillows can be used to support your arm and baby



*Football position*



*Side-lying position*



*Cradle position*

## Benefits of skin-to-skin

Benefits to your baby include:

- Improved sleep time and quality
- Less crying
- Improved self-soothing
- Keeps baby warmer
- Reduces low blood sugars post-birth
- Promotes and enhances breastfeeding
- Decreases the release of hormones that can impair the immune system and increase stress in your baby
- Promotes brain maturation and development during the first year of life

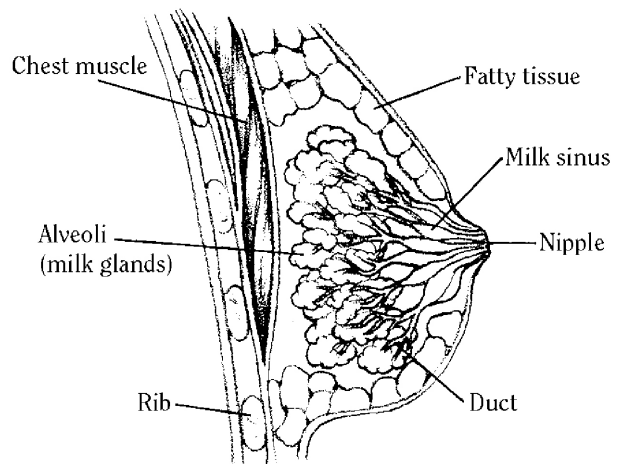
Benefits to the mother include:

- Promotes breastfeeding within two hours of birth
- Improves breast milk production by fourth day postpartum
- Promotes bonding with baby
- Promotes mother's confidence with parenting
- Decreases vaginal bleeding postpartum
- Creates a relaxed environment in delivery room and decreases anxiety after the birth
- Decreases pain during vaginal or cesarean incision repair

## Breast anatomy

Understanding the physiology and anatomy of the breast will increase your confidence in your ability to breastfeed. The breast begins its preparation for lactation (milk production) while you are pregnant. The uninterrupted and rising concentration of estrogen, progesterone and prolactin during pregnancy causes the breast to increase in size with water, electrolytes and fat. This process usually increases the size of each breast by three-quarters to one pound.

The breast is composed of glandular tissue, surrounded by adipose tissue and separated from the chest and ribs by connective tissue.



*Side view of breast*

- The *alveoli* are the small glands that make milk.
- The lactiferous *ducts* are the passageways through

which the milk travels from storage in the alveoli to the nipple.

- Milk flows through the many tiny *nipple* openings.
- The *areola* is the dark area of skin surrounding the nipple.

## Nutrition during breastfeeding

You probably established good eating habits during pregnancy and gained an adequate amount of weight, so you probably won't need to change your diet. The ideal diet for a breastfeeding mother provides about 200 calories more than when you were pregnant and about 500 calories more than before you were pregnant.

After birth, new mothers often have trouble finding time to fix nutritious meals when they are at home alone with the baby and/or other children. Some women experience a temporary loss of appetite the first couple weeks after delivery. Eating small, but frequent, healthy snacks may be more appealing than eating large meals.

### **The following suggestions will help you maintain good nutrition while breastfeeding:**

- Start the day with a good breakfast: eggs, whole grain cereal, fruit, yogurt.
- Snack throughout the day on nutritious foods such as: cheese, peanut butter, seeds and nuts, raw vegetables, whole grain crackers, whole grain breads.
- Continue taking prenatal vitamins.
- Eat foods rich in calcium.
- Eat a variety of foods with plenty of fiber, protein and carbohydrates.
- Remember to stay well-hydrated — be sure to drink to satisfy your thirst. Keeping a glass or water bottle nearby when you are feeding baby is helpful. Any fluid is helpful, but water is best. Avoid beverages with added sugar. It is important to continue taking your vitamins. Please discuss with your health care provider.

Other recommendations:

- Avoid foods high in sugar, saturated fats and cholesterol or salt. Avoid empty calorie foods, such as refined sugars, flours, soda, cookies and sweets.
- Moderate caffeine intake of less than three (8 ounce) cups of caffeinated beverages per day, is usually not a problem for babies.

- Talk to your lactation consultant or provider before taking medication.
- Substances that you put in your body are passed to your baby when you are breastfeeding (or pregnant.) Some substances can be more concentrated in breast milk than in your blood. It is important to be healthy and stay away from substances that can cause your baby harm.
  - Tobacco and e-cigarettes can increase the risk of sudden infant death syndrome (SIDS), and may cause your baby to feed poorly and be more irritable.
  - Amphetamine or methamphetamine can cause poor feeding, irritability and trouble breathing.
  - Alcohol can cause you to have low breast milk production, and your baby to have poor feeding and irritability.
  - Opiates and heroin can cause you to have lower breast milk production, and cause your baby to have poor feeding, irritability, possible seizures or withdrawal.
  - Marijuana may cause you to have low breast milk production and your baby may feed poorly and be more irritable. There are other harmful chemicals in marijuana similar to tobacco.

**Did you know ... You can successfully breastfeed after having a cesarean birth.**

## Weight loss

Although you lost some weight when you delivered, you are probably still pounds away from your usual weight. During the early months of breastfeeding, this extra fat is a useful energy store. If you let your appetite guide you as you continue nursing, you will probably lose the excess weight gradually and feel good while you are doing it. Dieting during the early weeks is not a good idea. Remember, it took you nine months to put on the weight; give yourself time to lose the weight after birth.

## Breastfeeding concerns

### **When to call a lactation consultant**

- You have cracked, bleeding or blistered nipples, continued nipple soreness or breast pain during breastfeeding.

- You are experiencing unrelieved, painful engorgement that lasts longer than 12 hours.
- You have had any prior breast surgery such as augmentation, reduction or biopsy.
- You have flat or inverted nipples.
- You think breastfeeding is not going well in spite of everyone else's opinion.

**If your baby is experiencing any of the following, special help may also be needed:**

- Difficulty latching on
- Not satisfied after feeding, as demonstrated by crying or finger sucking
- Not swallowing consistently for at least 10 minutes while breastfeeding
- Baby is not feeding well — at least eight times in a 24-hour period
- Inadequate urine and/or stool output
- Has not had successful breastfeeding prior to hospital discharge
- Requires formula or expressed breast milk
- Has not regained birth weight by the two-week visit
- Has lost more than 10 percent of his or her birth weight
- Was less than 37 weeks gestation at birth
- Displays signs of sucking (nipple) confusion or flow preference (accepts bottle but not breast)
- Develops jaundice (yellowing of the skin)

You may call the [Lactation Line](#) for help. Call your provider if you or your baby require more immediate attention.

### **Sore nipples**

Sore nipples are the most common problem for breastfeeding mothers. For the first few days after birth, you may feel tenderness during the first minute of nursing, when the baby latches onto the nipple. More than 90% of women report some tenderness at some time during nursing. Fortunately, it does not last. If tenderness does not improve or worsens after your milk comes in, contact your health care provider or the lactation consultant.

### **Prevention**

- Put the baby to the breast when you see early feeding cues. Don't wait until he is frantic with hunger.
- Hunger clues may include: smacking their lips, turning their head searching for the breast or sucking their hands.
- Hand express a small amount of milk before nursing to encourage the milk to flow.
- Damaged nipples are most often the result of improper latch and positioning (not the length of feeding), so make sure the baby is positioned tummy-to-tummy with mouth open wide at the time of latch. If the baby slips down to the end of the nipple, break the suction and start again for proper latch.
- Release the baby's suction carefully before removing the baby from the breast (break suction by inserting your finger in the corner of her mouth).

### **Relief measures**

- Start with the least sore side and switch when the baby is satisfied but still awake.
- Alternate feeding positions.
- Air-dry the nipples after each feeding. Leave nipples exposed to the air as much as possible between nursings.
- Spread a small amount of colostrum/breast milk onto the nipple after each feeding.
- Applying a lanolin cream after drying is OK and doesn't require washing off before the next feeding. (Anyone with wool allergies should not use lanolin creams.) Only use lanolin creams meant for human breasts.
- Avoid excessive washing of your nipples. Rinse them in your daily shower.
- Change nursing pads frequently so there is not continuous moisture next to the nipple. Cotton clothing/bras allow for good air circulation.
- Leave scabs and blisters alone. Even if you have some bleeding, this is not harmful to the baby.
- Do not delay nursing. Shorter more frequent breastfeeding is easier on the nipples while healing.
- If you are using a breast pump during a period of soreness, pump your milk often, at least eight times a day, to keep up your supply.

## Engorgement

Three to four days after delivery, the breasts may become full or engorged. This is caused by the increased flow of blood to the breasts and the increase of milk production. For some women, the breasts become only slightly full; but for others, their breasts feel very swollen, tender, throbbing and lumpy. Engorgement may cause the nipple to flatten, making it difficult for the baby to latch on. Symptoms usually lessen in 24 to 48 hours. If engorgement is unrelieved by breastfeeding or pumping, milk production will decline and ultimately stop.

### Prevention

- Begin to breastfeed early after delivery. Breastfeed frequently.
- Avoid using formula supplements, which decrease the baby's willingness to breastfeed.

### Relief measures

- Nurse frequently, every one to three hours. This may mean waking the baby.
- Take a warm shower for 10 minutes prior to nursing. Gently massage breasts from the chest wall outward toward the nipple. Express enough milk to soften the areola, so the baby can latch on.
- Gently massage the breast when the baby is breastfeeding. This will encourage the milk to flow and will help relieve some of the tightness and discomfort.
- To soothe the pain and help relieve swelling, apply cold packs to the breasts for a short period after nursing. Ice in a Ziploc bag covered with a light cloth works well, as do frozen corn or peas kept in their bags.
- If necessary, take Tylenol or ibuprofen for the discomfort.
- If the baby is not breastfeeding well enough to soften at least one breast every few hours, use an electric pump as necessary to soften breasts. Unrelieved engorgement is painful and gives your body the signal to decrease milk production. Pump for comfort. Excessive removal of milk may prolong engorgement.

*If engorgement is not eased by the above measures, contact a lactation consultant or your health care provider.*

## Breast infection (mastitis)

Mastitis is an infection of the breast. Up to 30% of all nursing women can develop mastitis during their breastfeeding period. It occurs most commonly in the first three months after birth and affects usually only one breast. A breast infection may follow a cracked nipple or plugged milk duct.

It is most important to continue breastfeeding frequently during this period; stopping breastfeeding would slow healing and might lead to the development of a breast abscess. *The baby will not get sick, because the infection only involves the breast tissue and not the milk.*

With prompt and proper treatment by your health care provider, the symptoms usually subside within 24 hours.

***Call your lactation consultant or health care provider if you have signs and symptoms of mastitis:***

- Temperature over 101° F.
- Breast swelling, soreness; may include all of breast or localized tender/red area.
- Presence of lumpy or hardened area or redness.
- Flu-like symptoms; fever, chills, body aches, headaches, sometimes nausea and vomiting.

### Prevention

- Get plenty of rest.
- Remove milk frequently.
- Prevent damage to your nipples (see "[Sore nipples](#)" section in this chapter).

### Relief measures

- Go to bed, if you haven't already, and keep baby in a bassinet nearby for 24 to 48 hours of rest. Have someone take care of your family at this time.
- Nurse frequently, at least every two hours, to encourage emptying of the breast. Begin nursing on the affected breast.
- If baby is not emptying breast well, you may need to pump.
- Wear loose comfortable clothing; remove restrictive bras.
- Do not wean or stop nursing at this time. Giving up breastfeeding may slow healing and lead to a breast abscess.

- Apply moist heat to the breast for 10 to 15 minutes before nursing.
- Massage breast gently before and during feedings.
- Increase your fluid intake. Drink at least eight glasses of water a day.
- Take Tylenol or ibuprofen to reduce fever and discomfort.
- Eat healthy, well-balanced foods.
- Call your provider if your symptoms are not improved after 24 hours.
- After you have finished a course of antibiotics, watch for symptoms of yeast growth (thrush), diaper rash or sore nipples.
- If you are given antibiotics take the full course, even if your symptoms go away. It may be beneficial to take probiotics while on antibiotics. Check with your health care provider.

## Breast pumps

Breast pumps may be needed in a variety of situations.

If you are not comfortable with the use of a breast pump, we recommend an appointment with a lactation consultant, LaLeche League or WIC (Women, Infants, Children Program).

### Use of a breast pump

Begin by thoroughly reading all the instructions with your pump. Make sure the pump fits your nipple. There are different size openings to the piece that fits your nipple; use one that fits correctly. Pumping both breasts at the same time is usually more effective. You may also use a combination of manual expression and pumping to get more milk out. Pumping can help you increase or maintain your milk supply. If you are supplementing your baby, pump as often as your baby feeds after breastfeeding. If your baby is not breastfeeding, pump at least eight times per day. Most women pump for about 10 to 20 minutes or until the milk flow stops. If you are pumping to relieve breast engorgement and to help your baby latch on, pump only until the nipple is standing out and the breasts are soft enough to allow the baby to latch on.

Clean the appropriate breast pump parts with hot, soapy water. Then rinse well and air dry the parts. Some pieces may be dishwasher safe. *Always read the instructions.*

# Human milk storage guidelines

Type of breast milk	Storage locations and temperatures		
	Countertop 77° F or colder	Refrigerator 40° F	Freezer 0° F or colder
Freshly expressed or pumped	Up to 4 hours	Up to 4 days	Within 6 months is best, but up to 12 months is acceptable
Thawed, previously frozen	1-2 hours	Up to 1 day (24 hours)	Do not refreeze human milk after it has been thawed completely
Leftover from a feeding (Baby didn't finish bottle)	Use within 2 hours after the baby has finished eating		

Storage tips	Safe thawing
<ul style="list-style-type: none"> <li>Clearly label your breastmilk with the date it was expressed.</li> <li>Do not store in the fridge or freezer door.</li> <li>When freezing breast milk, leave about an inch of space at the top of the container because breast milk expands as it freezes.</li> <li>Breast milk can be stored in an insulated cooler bag with frozen ice packs for up to 24 hours when you are traveling. Once you arrive at your destination, milk should be used right away, stored in the refrigerator, or frozen.</li> </ul>	<ul style="list-style-type: none"> <li>Always thaw the oldest breast milk first. Remember first in, first out.</li> <li>There are several ways to thaw your breast milk, you can put it in the refrigerator overnight, set it in a container of warm/lukewarm water, or under warm running water.</li> <li>Never thaw or heat breast milk in a microwave. Microwaving can destroy nutrients in breast milk and scald baby's mouth with hot spots.</li> <li>Once breast milk is brought to room temperature or warmed after storing in the refrigerator or freezer, it should be used within 2 hours.</li> </ul>

[https://www.cdc.gov/breastfeeding/recommendations/handling\\_breastmilk.htm](https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm)

Adapted from the CDC Proper Storage and Preparation of Breast Milk guidelines

## Information for breastfeeding families

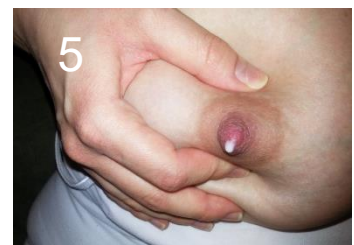
# Hand Expression



Hand expression is a handy skill to have whenever you need to empty your breasts and you are not with your baby or your baby is temporarily unable to breastfeed. In the first few days after birth, hand expression can be more effective at removing colostrum than using a breast pump. If your baby needs a supplement in the first week or so, use hand expression to provide the milk he needs!

### **Hand expression routine:**

1. Apply heat, massage and stroke breasts
2. Position fingers behind areola
3. Press back toward the chest
4. Compress fingers together to express milk
5. Relax and repeat, getting a rhythm going
6. Express for 5-7 minutes
7. Move fingers to a different position
8. Massage and stroke the breast
9. Press back toward the chest
10. Compress fingers together to express milk
11. Express milk for 3-5 minutes
12. Massage and stroke breasts
13. Move fingers to a different position
14. Express milk for 1-2 minutes
15. Complete cycle takes 20-30 minutes



***Watch these videos while you are hand expressing to see the technique in action!***

- <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>
- <https://vimeo.com/65196007>

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# Breastfeeding Resources: Mid-Willamette Valley and Coast

## Prenatal classes and support

- **All About Breastfeeding Classes Part 1 & 2**  
**Good Samaritan Regional Medical Center, Corvallis**  
Visit website [samhealth.org/classes](http://samhealth.org/classes) or call 541-768-6908 to register  
**Samaritan Albany General & Lebanon Community Hospitals:** visit [pollywogfamily.org](http://pollywogfamily.org) or call 541-917-4884 for Albany or 541-451-7872 for Lebanon to register for classes.
- **WIC** also has a prenatal class, their numbers are listed below

## Breastfeeding Clinics

### Corvallis

- Good Samaritan Regional Medical Center lactation line: 541-768-5244  
This line is checked every 24 hours. For questions or appointments, call and leave a message. Appointments are available all week.
- WIC: 541-766-6835

### Albany

- Mid Valley Children's Clinic: appointments: 541-812-5111; for Lactation Consultant Message Line: 541-812-5116
- WIC: 541-967-3888

### Lebanon

- Samaritan Lebanon Community Hospital Lactation line: 541-451-7588
- Samaritan Lebanon Community Hospital Lactation clinic: 541-451-7136; open Monday and Thursdays
- Samaritan Lebanon Health Center 541-451-5932 ext 223
- WIC: 541-451-5932

## Coastal communities

- Lincoln County Health Department Maternity Case Management: 541-265-0457  
This is a free program for all mothers
- Samaritan Pacific Communities Lactation Consultant, 541-574-1826
- WIC: 541-265-4112
- Women's Connection Group, for more information call 541-265-3955

## Support groups & parenting resources

- **Go With the Flow – Breastfeeding Support Group**  
Saturdays, 1:30 to 3 p.m. at Good Samaritan Regional Medical Center
- **Linn County WIC Breastfeeding Circle in Albany** – every 3rd Tuesday drop-in from 2-4pm, 2730 Pacific Blvd SE, Albany, OR. Call (541) 967-3888 ext 2619 for more information.
- **Samaritan Lebanon Community Hospital Breastfeeding Support Group** – Meets Wednesdays 3-4pm, 525 Santiam Hwy SE, Lebanon, OR. Call (541) 451-7136 for more information.
- **Linn County WIC Breastfeeding Circle in Lebanon** – every 4th Wednesday drop-in from 2-4pm, 1600 S Main St, Lebanon, OR. Call (541) 967-3888 ext 2619 for more information.

- **La Leche League of the Willamette Valley**  
541-714-3370, Facebook page “La Leche League Willamette Valley Events & Announcements” **LLL Corvallis morning group** meets the first Wednesday of the month at 10 a.m. at the [Corvallis Birth and Women’s Health Center](#), 2314 NW Kings Blvd, Corvallis. **LLL Corvallis evening group** meets the third Thursday of the month at 6pm at the Multi-Cultural Literacy Center, 2638 NW Jackson Avenue, Corvallis. **LLL Lebanon group** meets the second Thursday of the month at 6pm [Samaritan Lebanon Community Hospital](#), 525 N Santiam Hwy, Lebanon
- **Hope for Mothers - postpartum support group**  
Albany 541-812-4475, Lebanon 541-451-7872
- **Well Mama Linn-Benton**  
For support with stress, anxiety or depression, call 541-231-4343 or email [csilla@fourth-trimester.com](mailto:csilla@fourth-trimester.com)
- **International Mom’s Group**  
When: Thursdays 9:30-11:30 am  
(Following OSU academic calendar)  
Where: Orchard Court Community Center (3405 NW Orchard Ave., Corvallis)  
For more information visit: [internationalmomsgroup@gmail.com](mailto:internationalmomsgroup@gmail.com)  
or email: [www.internationalmoms.net](http://www.internationalmoms.net)
- **Postpartum Support International** 1-800-944-4773
- **Corvallis Babywearers** Help with and lend baby carriers to promote bonding.  
[www.corvallisbabywearers.org](http://www.corvallisbabywearers.org)
- **Parenting classes/support for Infants, Toddlers and Preschoolers, Living and Learning With Your Baby and many other classes** LBCC Family Resource Center 541- 917- 4899
- **Mid-Valley Birth Network - Postpartum Doulas**  
Help with breastfeeding and family support at home. Visit [midvalleybirthnetwork.com](http://midvalleybirthnetwork.com) or [midvalleydoula.net](http://midvalleydoula.net) for more information.
- **Linn Benton Breastfeeding Coalition - Area Resources for Families**  
Visit [lbbreastfeedingcoalition.org](http://lbbreastfeedingcoalition.org) for more information

## Milk Bank Donation or To Order Milk

- Northwest Mother’s Milk Bank 503-469-0955, [nwmmb.org](http://nwmmb.org)
- Local milk donation depot is at Good Samaritan Regional Medical Center in Corvallis. Call 541-768-5244 for donation drop-off appointment

## Breastfeeding Supplies

- Breast pumps are covered by most insurance. You may need a prescription. Contact your insurance provider for details
- Samaritan Durable Medical Equipment - Corvallis 541-768-7500 Lebanon 541-451-6364 Newport 541-574-6364
- WIC can provide pumps to eligible participants
- Medela 1-800-435-8316, [medelabreastfeedingus.com](http://medelabreastfeedingus.com)
- Nursing Bras- Donna Bella Lingerie and The Kid Shop in Corvallis. They do bra fitting

## Information for breastfeeding families

# Paced Bottle Feeding



Breastfeeding and bottle feeding are unlike in almost every way. For this reason we recommend that you only breastfeed for the first several weeks while your baby is learning to breastfeed.

Bottle Feeding	Breastfeeding
Firm nipple	Soft, amorphous shaped nipple
Front of the mouth position	Back of the mouth position (near juncture of hard and soft palate)
Inelastic nipple	Nipple elongates during sucking
Flow begins instantly	Flow is delayed until the let-down occurs
Flow is very fast	Flow is slow, faster during let-down
Feeding is very quick	Feeding takes 30-45 minutes
Sucking on bottle is suction/vacuum	Suckling at breast is peristaltic tongue movement
Tongue is humped in back of mouth	Tongue is forward cupped around the nipple

### Paced Bottle Feeding

- ✓ Hold the baby almost **upright**.
- ✓ Select a medium or wide base nipple with a slow flow.
- ✓ Hold the bottle **horizontal** just filling the nipple with fluid.
- ✓ Encourage your baby to take it into his mouth until he has a wide latch (140°) and it is deep in his mouth. Let the baby seek for the nipple.
- ✓ The feeding should take 15-30 minutes. If the baby drinks too fast, tip the bottle down or remove it to slow the pace of the feeding.
- ✓ Mothers can hold the baby cheek to breast for the feeding.



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## Breast care for non-breastfeeding mothers

Wear a well fitting supportive bra for about the first 10 days (a sports bra works nicely, as it is supportive, and also stretchy and comfortable). Be sure it is not too tight. Cleanse the breasts only with warm water. Do not use soap. Avoid any touching or stimulation to your breasts

If you become engorged, the breasts become very full and uncomfortable. You may lessen the discomfort with the use of ice packs or cold washcloths applied to the breasts several times a day and over-the-counter pain medication such as acetaminophen (Tylenol) or ibuprofen, as needed. Engorgement usually lasts about 24 to 48 hours.

### **If you experience engorgement and are very uncomfortable you may:**

- Lean over a sink of warm water, placing your breasts in the water and allowing the breast milk to drip out into the water. (This method allows milk to flow out of the breasts softening them and making you more comfortable. It also helps to avoid stimulating the breast, which can increase milk production.)
- Take a warm shower and let the milk leak until you are more comfortable. Try to avoid having the water spray directly on your breasts. (Again, this increases the stimulation to the breast and increases milk production.)
- You may also wish to use acetaminophen (Tylenol) or ibuprofen and ice packs.

*Call your health care provider or lactation consultant if you have any hard, red, or painful areas on your breast or for unrelieved engorgement.*

## Burping

Burping is important because air that remains in the baby's stomach can result in pain for the baby. Burp your baby midway through and at the end of each feeding. Burping may help wake the baby enough to finish his feeding. There are a few ways to burp your baby:

- Hold baby over your shoulder, supporting her head and gently patting her back.
- Hold baby across your lap, on his tummy, with his head turned to one side, and gently pat his back.
- Hold the baby sitting up in your lap, support the baby's chin and chest with one hand and gently pat her back with your other hand.

## Solid foods

We do not recommend the addition of solid foods to a newborn's diet until the age of 6 months. When you are ready to start adding foods to your baby's diet, ask your baby's health care provider for help in this process.

# Caring for your new baby

Caring for your new baby may seem overwhelming at first, especially as you realize that your baby is completely dependent upon you for every need. With practice and time, though, you will feel much more comfortable and capable. You'll feel more relaxed and better able to enjoy your new baby.

The information in this chapter is meant as a guide. Your baby's pediatric provider will have more information about care, including a vaccination schedule. If you have specific questions about caring for your baby or have any special circumstances, please call your baby's provider.

## Appearance at birth

Your baby may not look as you expected. Babies' appearances vary widely. Some babies have smooth, pink skin; others have dry, scaly and peeling skin. Some babies have a creamy, oily, white coating, called vernix, on their skin. It may be over most of their body or in the body creases. It does not need to be washed off. The vernix will be absorbed by your baby's skin.

Your baby may have a molded or "pointy" head. This molding changes quickly: within one to two days your baby's head will be more rounded in shape. The soft spots on baby's head are fontanelles. These spots are covered with a thick tough membrane. Babies may have bruising or swelling of the head or scalp, face or eyes. These bruises may take several days or weeks to disappear. Babies often have swelling of their breasts or genitals: this is normal and due to hormones passed to the baby before birth.

Newborn babies may also develop a newborn rash that is blotchy and red and may be seen anywhere on your baby. Do not use soaps, creams or oils on the rash. It usually disappears without treatment but may return. Babies' noses frequently have white spots called milia. These, too, will disappear without treatment.

## Bathing and skin care

The first time you bathe your baby, it may feel a little awkward and difficult; but after a couple baths, it will be much easier.

You may bathe your baby as often as you like, every day if you and your baby enjoy bath time. Do not use any soap on baby's skin. A little shampoo on the scalp is okay, but not needed with every bath. Be sure to rinse completely.

Remember to *never* leave your baby alone.

Begin the bath by gathering all the supplies you will need:

- Two bath towels (one for laying the baby on; one for drying)
- One to two washcloths
- Baby (tear-free) soap, baby wash or shampoo
- Cotton ball
- Clean diaper
- Clean clothing

## Bathing with a sponge

Sponge bathe your baby until the cord falls off to avoid getting the cord wet. Fill a basin or sink with warm water. Check the water's temperature with the inside of your wrist to make sure the water is comfortable and not able to burn or scald baby. You might want to consider getting a bath thermometer to check the water temperature. Undress the infant and place him on a towel. To keep baby warm, keep him covered when he's not actually being bathed.

With a clean, wet, warm washcloth cleanse baby's eyes from the inner corner outward, and wash baby's face. Be sure to keep a hand on the baby at all times.



Gently wash the baby's neck, body and arms, being sure to clean in the creases and folds. Dry the baby's body, and keep it covered. Wash the legs and back gently, dry and cover. Then cleanse the genital area last, again being careful to wash from front to back and in the creases and folds of the groin. Dry baby, and reapply a clean diaper.

Shampoo your baby's hair by holding the baby firmly at your side (see photo below) wrapped in a warm blanket, the baby's head in the palm of your hand. Standing at a sink with warm running water or a basin of clean water, use your other hand to wet your baby's hair. Apply a small amount (pea size) of mild shampoo, and massage on baby's scalp. (Do not place your baby's head under the running water: use your hand to splash water on your baby's hair to wet and rinse.) Scrub the hair gently, but thoroughly, and then rinse well with warm water.

Your baby's skin is delicate and lacks the protective layers of older children's skin. By keeping your baby's skin clean, dry and using soaps and other products minimally, you can more easily protect your baby from rashes and irritated skin.

### **Bathing in a tub**

Once the cord has fallen off, you may give baby a tub bath. Use an infant bath tub<sup>1</sup> or sink, fill with warm water (check the temperature with the inside of your wrist), and gently place the infant in the water. Hold onto her by placing your arm around the baby and grasping her opposite upper arm.<sup>2</sup>

Complete the bath as instructed for sponge bathing (above), gently washing with warm water<sup>3</sup> over her body. After the bath, place baby on an open towel and gently dry the baby. Shampoo the baby's hair, rinsing well.

We do not recommend the use of powder. Powders can be inhaled and irritate your baby's lungs.

### **Bulb syringe use**

You may use the bulb syringe if your baby is spitting up or has a lot of nasal congestion. Be careful not to overuse it. Deflate the bulb syringe by squeezing the bulb, and place about 1/4 inch of the pointed side of the syringe into the nostril. Release your hold on the bulb and allow the bulb to inflate. This will remove the mucous from

the nose. If the baby is spitting up, turn the baby on his side, and wipe his mouth with a cloth. If necessary, place the bulb syringe into the lower cheek to suction out the mouth. Ask your nurse for a demonstration before you leave the hospital. After use, clean the bulb syringe with hot soapy water and air dry it.

### **Care of the uncircumcised penis**

There is no special treatment or cleaning method needed for an uncircumcised penis. Just wash with warm water. Do not pull the foreskin back over the head of the penis. When the child is older and the foreskin is easily pulled back (this may not happen until adolescence), teach your son to gently pull the foreskin back and gently cleanse the area with warm water. Be sure to discuss this with your child's health care provider.

### **Circumcision care**

Circumcision is the removal of the foreskin that surrounds the head of the penis. The circumcision is not a procedure that is routinely done without a discussion with your pediatric provider. If you have questions about this procedure as to how it is done and what to expect, ask your nurse or pediatric provider.

If your baby is circumcised, the circumcised area will appear red and raw for two to three days. Rinse the penis with warm water at diaper changes: do not use soaps, lotions, oils, or diaper wipes on the circumcision. The penis may be covered with a gauze dressing. You should remove the dressing if it gets soiled, or in 24 hours if it has not already fallen off. If it sticks to the penis, apply some water or a water soluble lubricant such as K-Y to loosen the gauze. You may place a little Vaseline on the diaper to prevent the penis from sticking to the diaper. A small amount of yellowish green discharge is normal. Call your baby's health care provider if there is swelling, any creamy discharge, pus or bleeding.



*Fill an infant bath tub or sink with warm water*



*Hold baby securely by placing your arm around the baby and grasping her opposite upper arm*



*Wash gently with warm water*

## Cord care

Please consult your baby's health care provider about umbilical cord care. Keep the cord clean and dry. Notify the baby's provider, if you notice any redness, discharge or foul odor around the cord. Fold down the diaper under the cord to give the cord a better chance to dry and to prevent urine from getting on it. The cord usually dries and falls off between 1 and 3 weeks of age. You may notice a drop or two of blood: this is normal. Call the health care provider if there is more bleeding.

## Crying

Try to spend the first few weeks at home just being with and getting to know your new baby's behavior patterns. On average, babies cry for two hours each day for a variety of reasons. If your baby is fussy, some reasons may be: hunger, wet or soiled diapers, gassiness or a need to burp, over-stimulation, over-tiredness, being too hot or too cold, a desire to be held.

Some newborns are fussier than others. However, the more time you spend with your infant, caring for and feeding him or her, the easier it will get to understand your baby's cues. Some babies give very clear cues as to what they need, and some babies will learn how to self-calm well. Some babies don't give clear cues and may be harder to calm. Again, spending time with your baby will help you to learn your baby's ways of telling you what he or she needs. Babies are not able to differentiate between what they want and need. *Remember you cannot spoil babies by cuddling them.* Also remember that you are the one who knows your baby best. Your baby will be more confident and secure when her needs are met.

## The Period of Purple Crying®

A way to understand your baby's crying

The Period of Purple Crying is a program that is given to all parents in the hospital after the birth of their baby. The program was developed to explain infant crying based on years of child development research. For more information go to [purplecrying.info](http://purplecrying.info) or [dontshake.org](http://dontshake.org).

**Peak pattern**

**Unpredictable**

**Resistant to soothing**

**Painful look**

**Long episodes of crying**

**Evening crying**

**All babies cry, some a lot more than others**

- Healthy crying babies can look like they are in pain, even when they are not.
- Your baby may not stop crying no matter what you try.
- Crying can come and go and you don't know why.
- No matter how frustrated you get, never shake your baby.

**Try these tips to comfort your crying baby**

- Hold your baby close with skin-to-skin contact.
- Walk and sing with your baby.
- Give your baby a warm bath.
- Take your baby outside for a walk.
- Check to see if your baby is hungry, tired or needs changing.

**These soothing ideas may not work every time.**

**Review the Period of Purple Crying to help understand why your baby is crying.**

If you believe your baby has eaten adequately and he is crying, he may need to be burped, to be held or have his diaper changed. Your baby may be getting too much of a good thing and be over stimulated and just need some quiet time. After making sure baby is dry, not hungry and has been burped, try laying her in her crib or bassinet and leaving her for five to 10 minutes. Baby may cry and then calm down and fall asleep.

Other things to try are rocking, walking, swaddling baby in a blanket, bathing, playing soft music or snuggling baby close to you. If you are both exhausted, cuddling skin-to-skin and napping may be helpful. A drive in a car, a walk in a stroller, or placing baby in an infant seat in the center of the household activity may help if he is bored. A nap may be what is needed if baby is over stimulated. After the first four weeks, a pacifier may help if baby is crying because he wants to suck but has already been fed an adequate amount.

Babies take a lot of time, attention, care and patience, even on their good days. They reward us throughout the day with little sounds and expressions. Even as rewarding as parenting can be, it can also be overwhelming and exhausting. No matter how exhausted or tired you get, *remember: never shake your baby if he or she is crying. It may cause permanent harm to baby's developing brain. It could even cause death.*

Before your baby is born, write down a list of people you can call on for support. Display phone numbers of family, friends, your health care provider, your baby's provider, the hospital and the Emergency Room in an easily seen place. The 24-hour national child abuse hotline is 800-422-4453. Refer to the "[Resources](#)" chapter of this notebook for numbers in your area.

If you reach the end of your tolerance for a crying baby, place the baby in her crib, and call for help. Even the best parents can be pushed to their limits. Take some deep breaths, and call someone. Go outside and get a few breaths of fresh air.

## Other baby care

### Diapering

The diaper area should be cleansed with warm water with each diaper change. If baby has soiled the diaper, unfasten the front of the diaper, and wipe as much of the stool off as possible and into the diaper. Then fold the diaper under the baby's buttocks. Pay special attention to cleansing the skin folds and creases. Use

a clean washcloth or diaper wipe to cleanse the area from front to back. After removing the diaper, lift the baby gently, supporting the hips and back, and place a clean diaper under the infant's hips. Pull the sides of the diaper toward the front and connect to the front with the sticky tabs, if you are using a disposable diaper. If using cloth diapers tuck the cloth diaper into a diaper wrap, place under the infant and attach with the Velcro tabs. Remember to fold the diaper down, under the umbilical cord, until the cord has fallen off.

It is okay to use diaper wipes. If your baby's skin becomes reddened in the groin or diaper area after using diaper wipes, you may want to discontinue use, change brands, or cleanse the area gently with warm water after using the diaper wipe. Avoid wipes with fragrances or alcohol.

### Diaper rashes

The key to preventing diaper rashes is to keep your baby's skin clean and dry. Check the baby's diaper with each feeding, and change as frequently as needed. Be sure your baby's skin is dry before reapplying the diaper. If your baby develops a rash, place baby, while awake, in a warm, safe place, on his or her abdomen, to allow air to circulate around baby's bottom. (Be sure to place a diaper, towel or other absorbent pad under the baby first.) You may use protective ointments, such as A&D or zinc oxide (Desitin), on baby's skin to prevent more irritation from urine or stool. Cleanse and dry the skin thoroughly, and apply the ointment.

### Elimination

The newborn's first stools (bowel movements) are called meconium and are thick, black and sticky. Babies normally have meconium stools for the first two to three days of life. The stools change from dark green to greenish-yellow, (transitional) for three to four days. They will then become yellow and soft and are frequently "seedy or mushy" and part watery. These stools continue until the baby begins to eat solid food. Notify your baby's health care provider, if you notice any blood in your baby's stools.

Breastfed babies may have frequent stools (four to six or more small stools each day). Bottle fed babies may have bowel movements less frequently. Your baby may not have a bowel movement every day. If the stools are hard or mostly water, and your baby is vomiting or not eating normally, call your baby's physician.

Newborns will wet their diapers six to 10 times a day.

Urine is normally light yellow in color. If breast-fed, your baby may urinate only one to two times daily in the first two days, usually adding one wet diaper for each day of age: Day 1: one wet diaper, Day 2: two wet diapers, Day 3: three wet diapers ... up to six to 10 a day.

You may notice an orange discharge (uric acid crystals) during the first few days of life. This discharge may indicate a need for more fluids but is not a cause for concern or reason to call your health care provider. Call your baby's provider if your baby is not urinating adequately.

Baby girls may have a white or pinkish (blood tinged) discharge from their vagina. This is due to mother's hormones, is a normal occurrence and will disappear in a few days.

### Fingernail care

Clip or cut your baby's fingernails when he is asleep, using small rounded blunt scissors or baby nail clippers. You may also use a fingernail file to lightly file your baby's fingernails.

### Hearing screening

A hearing screening is done at the hospital before your baby is discharged. Performing a hearing screening on your baby is an important first step in ensuring your child's speech and language development. The hearing screening is easy and painless. Babies are often asleep while screened. You will be notified if further testing is needed.

### Jaundice

If your baby has excess bilirubin, his or her skin may have a yellow coloring known as jaundice. Bilirubin is the result of the normal breakdown of red blood cells. If your baby develops jaundice, your health care provider may need to see your baby and check the baby's blood level. If you notice your baby's skin is yellow, especially in the body, legs or whites of the eyes, call your baby's health care provider immediately. At the hospital, the nursing staff will be evaluating you your baby for jaundice on an ongoing basis.

### Newborn screen

Before leaving the hospital, your baby will have a screening test, using blood drawn from the baby's heel. It will be repeated at about two weeks of age. The test is required by Oregon State law and screens for several disorders, including phenylketonuria (PKU), sickle cell anemia,

galactosemia, thyroid disorders and more. If diagnosed early, most of these disorders are treatable; and by treating early, severe problems may be prevented. If your child's test indicates any disorders, you will be contacted by your infant's health care provider. If you have questions regarding the test, talk with your baby's provider.



### Safety instructions

- Never leave your baby unattended on a high surface, such as a bed, couch or changing table.
- Never shake your baby. If your baby cries, use the suggestions under "Crying" (this chapter) to help calm the baby and yourself.
- Place your baby on his back to sleep, because this position has been well documented to reduce the risk of SIDS (sudden infant death syndrome).
- Do not sleep with your baby.
- If your baby uses a pacifier, make sure it's a commercial design that cannot pull apart.
- Avoid toys that have small removable parts. Pay attention to the suggested age recommendations on the toys you give to your baby.
- Keep hot objects and fluids, including heaters, cigarettes, and food and drinks away from your baby.
- Make sure the slats on baby's crib are not greater than 2 3/4 inches apart.
- Be sure the crib mattress fits the crib properly, and the gap between the crib and the mattress is not wider than two fingers. Be sure to use a tight-fitting sheet.
- Keep drapery cords, plastic bags, and bags or toys with strings beyond the reach of your baby and away from the baby's crib.
- Childproof your home before you bring baby home. Look at the world from your baby's viewpoint (the floor, when baby is crawling), and keep all cleaners, medicines and potential poisons and dangers in locked cabinets. Keep low cupboards and drawers locked and electrical outlets covered.
- In case of accidental poisoning, call a poison control center, your health care provider or the hospital Emergency Room. Call 911 if it is a life-threatening emergency.

- Have a smoke alarm in working order near the baby's bedroom (and other appropriate areas). Replace the battery twice yearly with the time change.
- Always have your baby placed correctly in a car seat when traveling in a car. Read instructions carefully before use. Incorrect use can result in injury or even death. Car seat clinics are often held at community fire departments or local community colleges. Call your health care provider, maternity care coordinator, fire department, police department or community college to find out about car seat instruction/safety check classes in your area.
- Take a pediatric choking and/or first aid class offered through your hospital or community.
- Do not smoke near your baby! Don't smoke in any room or car where your baby will be.

## Sleep

Babies vary as much in their temperaments as in their appearances. They may cry or be fussy frequently or have many sleepy, quiet or alert periods. Newborns may sleep (alternating from deep sleep to light sleep and drowsiness) from 16 to 18 hours a day, with sleep distributed over six to seven sleep periods. Baby may wake for feedings and then go back to sleep. To decrease the risk of SIDS (sudden infant death syndrome) babies should be placed on their backs to sleep. Talk with your health care provider, if you have special circumstances or any questions.

Most newborn babies will wake up every two to four hours to feed. Babies digest their liquid diets quickly. Nighttime feedings may change at about four to eight weeks of age. Then, babies may start sleeping through one or two feedings, allowing you longer periods of nighttime rest. It would be nice if your baby slept through the night; but for a new baby, a five-hour stretch is a full night, and very few babies sleep even this long. Try to keep nighttime feedings quiet and dark. Avoid turning on bright lights or the TV. You may want to play soft music. Be patient; your baby will gradually sleep longer during the night.

Paying particular attention to daytime naps also may help baby sleep better at night. Look for your baby's sleepy signals (decreasing activity, yawns, rubbing eyes, fussing), and put him down for a nap at that time. Don't wait until baby gets renewed energy, only to get fussier and even sleepier later. Although all babies are different, by 4 months of age, a baby may benefit from naps at mid-morning, early afternoon and early evening.

## Sleep position

SIDS (sudden infant death syndrome) is the major cause of death in infants ages 1 month to 1 year. Parents can greatly reduce the possibility of SIDS by placing babies on their backs to sleep. This position is recommended by The American Academy of Pediatrics, the SIDS Alliance and other medical groups. There may be special circumstances in which another sleep position is recommended: follow your provider's advice. The rate of SIDS has dramatically decreased (in Oregon by more than 50 percent) since the "back to sleep" idea has taken hold. Talk with your baby's health care provider if you have any questions. When your baby is awake, and you are able to supervise closely, give the baby "tummy time" to help your baby develop upper body motor skills. Tobacco use during pregnancy and after delivery increases the risk of SIDS. To avoid SIDS it is recommended that you follow the "Safe to Sleep" guidelines and recommendations below:

When you put your baby "safe to sleep" for every sleep, you reduce the risk of sudden infant death syndrome (SIDS) and other causes of sleep-related infant death.

Spread the word. Tell grandparents, babysitter, child care providers and other caregivers to always place your baby on his or her back to sleep. Babies who usually sleep on their backs but are then placed on their stomachs, even for a nap are at a very high risk for SIDS.

Remember every sleep counts.

- Always place your baby on his or her back to sleep, for naps and at night.
- Place your baby in a crib/bassinet/portable play yard with a firm mattress and tight fitting sheet.
- Do not allow your baby to sleep on a chair, couch, car seats or other devices. These are not recommended for routine sleep.
- No other items should be in baby's bed. Remove all soft, fluffy and loose bedding and stuffed toys from your baby's sleep area. This includes pillows, blankets and bumper pads.
- Avoid overheating your baby, do not cover your baby's head or overdress your baby while they are sleeping.
- Dress baby in a one piece sleeper or sleep sack and keep the room temperature at a level comfortable to an adult, about 65 to 71 degrees.
- Wedges and positioners should not be used.

Other steps you can take to prevent SIDS:

- Breastfeed your baby.
- Room share, instead of bed share.
- Once breastfeeding is established a pacifier may be offered.
- Do not allow smoking around your baby.
- Avoid drinking alcohol or using drugs that alter your awareness while pregnant or caring for your baby.
- Infants should receive all recommended vaccines.



### **Co-bedding (sleeping with your baby) warning:**

- Do not co-bed (co-sleep) with your baby.
- The risks of co-bedding include: accidental suffocation, entrapment or asphyxia, and death.
- The American Academy of Pediatrics recommends “room sharing without bed sharing.” They recommend if parents want their babies to sleep nearby, that babies sleep in their crib, portable crib, bassinet or play yard separately from parents.
- Do not have siblings sleep in the same bed as the new baby, due to chances of smothering.

## **Sun protection**

Your baby’s skin needs protection from the sun. Limit your baby’s exposure with appropriate clothing, cap or bonnet, and by keeping your baby in the shade and out of direct sunlight as much as possible. Sunscreens are not recommended until your baby is 6 months to 1 year old. Check with your baby’s health care provider for recommendations regarding sunscreens.

## **Taking your baby’s temperature**

It can be a challenge for your baby to maintain a normal body temperature after delivery. Skin-to-skin contact is the best way to keep baby warm.

The normal newborn’s axillary (armpit) temperature is between 97.6 °F and 99.6 °F. If you think your baby may be sick, take the baby’s temperature before calling baby’s health care provider. You may use a digital thermometer.

Read the instructions that come with your thermometer. Glass thermometers are no longer recommended. If you are using a digital thermometer, place it under baby’s arm for about one to two minutes or until it beeps. Ear thermometers are not recommended for the first year, because the tips are too large for an infant’s ears. Call your baby’s health care provider if the temperature is greater than 100.4 °F under baby’s arm. Unless you are directed by a health care provider, do not take a rectal temperature.

## **Vaccines/immunizations**

Your baby’s health care provider will give you a schedule for vaccinations or “shots” for your baby to ensure that your baby get immunity (protection) from certain diseases. These usually coincide with your baby’s “well-baby” visits and are part of your baby’s routine care. It is very important to vaccinate your baby following the scheduled guidelines to improve your baby’s chance of avoiding serious illness. Please talk with your baby’s health care provider, if you have any questions regarding the immunizations or the schedule. Immunizations play an important role in keeping your baby healthy.



### **Baby danger signs**

#### **Call your baby’s health care provider if your baby has:**

- Fever above 100.4 °F (under arm)
- Jaundice (yellowing of the eyes and skin)
- Breathing difficulty, blue or very pale color
- Insufficient urination or bowel movements (baby should have one wet diaper per day old, up to six to 10 per day)
- Frequent watery stools or no bowel movements (baby should have up to six to 10 per day)
- Feeds poorly (two to three feedings where baby does not want to eat) or vomiting
- Swelling, pus, discharge or bleeding around circumcision site
- More than a little bleeding, redness, discharge or foul smell around the cord site
- Increased sleepiness or listlessness

# Baby's developmental milestones

Baby's age	Mastered skills	Emerging skills
Newborn	Stares at faces, sees black and white objects	Follows bright objects
1 month	Lifts head, responds to sounds, stares at faces	Follows objects, oohs and aahs, sees black and white objects
2 months	Holds head up for short periods, follows objects, coos and gurgles	Smiles, laughs, holds head at 45 degree angle, movements become smoother
3 months	Laughs, holds head steadily, recognizes your face and scent	Squeals, gurgles, coos, recognizes your voice, does mini push-ups
4 months	Holds head up steadily, bears weight on legs, coos when spoken to	Grasps toys, rattles reaches out for objects, rolls front to back and back to front
5 months	Distinguishes bold colors rolls over easily, plays with hands and feet	Turns toward sounds, mouths objects, recognizes own name
6 months	Turns toward sounds/voices, imitates sounds, blows bubbles, rolls in both directions	Reaches for objects, puts objects in mouth, sits without support, is ready for solid foods

# Buying for baby: suggested list

It can be fun to gather items for your baby to wear and use. Remember, though, that your baby doesn't really need many of the items listed in a layette. However, your baby does need some comfortable clothing and some useful toiletry and care items.

Here are a few suggestions to get you started:

- Use what you can of the borrowed or handed down items people have given you: be sure these items meet current safety standards.
- Think about what time of year your baby is due, and buy clothing appropriate for size and time of year. Sizes are not uniformly standard.
- Choose comfortable, easy-to-handle clothing. This includes snaps in the legs of pants, or back of sweaters, roomy elastic waists, etc.
- Think about if you really need this item now, or if it can wait until baby is older, or even if you will need it at all.
- Limit bath and toiletry items. A small bottle of baby soap or shampoo will go a long way.

## What to buy for your baby

### Clothing

- 3 to 6 one piece sleepers or sleep sacks. Avoid overdressing baby.
- 3 to 4 booties or socks
- 3 to 4 outfits with snap crotch long or short sleeve
- 4 to 6 onesies or undershirts

If summer:

- Bonnet or cap

### Bath/toiletry items

- 2 to 3 towels and washcloths
- Baby bath tub
- Baby wash, mild bath soap or shampoo
- Curved, blunt baby nail scissors
- Comb
- 4 to 6 bibs or burp cloths

### Diapering supplies

- 3 to 4 dozen diapers (cloth or disposable)
- Cloth diapers: Need diaper pail, detergent, antibacterial agent, bleach and 4 to 6 diaper covers.
- Washcloths or baby wipes
- Diaper rash ointment, Vaseline or gauze for circumcision care, if needed

### Medicine/emergency kit

- Liquid acetaminophen (do not give to your baby before 8 weeks of age unless instructed by your baby's provider)
- Thermometer
- Phone numbers for doctor/hospital/Poison Control Center: 800-222-1222
- Family or friends' numbers to help in an emergency

### Bedding

- Crib and mattress (or bassinet or portable crib)
- 2 tight-fitting mattress pads
- 2 to 4 tight-fitting crib sheets
- 2 to 4 waterproof pads

### Feeding supplies

For breastfeeding:

- 2 to 4 nursing bras/gowns — do not use underwire bras (for mom)
- Nursing pads
- 1 to 2 bottles and nipples
- Breast pump

For formula feeding:

- Infant formula — iron fortified (discuss with your baby's provider)
- 2 to 4, 4-ounce bottles/nipples
- 4 to 8, 8-ounce bottles/nipples
- Bottle brush

### Furniture

- Changing table
- Dresser
- Rocking chair
- Baby swing

### Transportation

- Car seat
- Front pack/carrier
- Stroller
- Diaper bag/changing pad

### Other

- Announcements
- Baby book
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Childproofing

Whether it's finding a class in infant CPR or choosing a car seat, there's a lot to think about even before your child is born. Where to begin? Use this checklist to help you prepare.

## Around the house

### Carbon monoxide

- Install carbon monoxide (CO) detectors if you use gas or oil heat or have an attached garage, and check the batteries twice a year

### Fire prevention

- Install and maintain working smoke detectors; check monthly
- Keep a fire extinguisher on hand
- Plan a fire escape route

### First aid

- Assemble a first aid kit for babies
- Post emergency numbers next to your telephone

### Poison control

- Put childproof locks on all cabinets containing poisons, glass and sharp objects

### Lead paint

- If paint is flaking or peeling, have a professional remove or seal it

### Furniture

- Cover sharp furniture edges with padding or bumpers

### Rugs

- Put nonslip pads under area rugs that don't have nonslip backs

### Water safety

- Set your water heater no higher than 120° F (48° C)
- Purchase an infant bathtub with contours or other features that make it slip-resistant

## Nursery

### Bassinet

- Has sturdy bottom and wide, stable base
- Surfaces are smooth; no sharp protrusions

- Legs lock securely
- Mattress is firm
- Mattress fits snugly
- Avoid soft, fluffy bedding such as pillows, comforters or sheepskins

### Changing table

- Has a safety strap
- Find a place to keep baby wipes and other supplies within your reach but out of your baby's
- Has a carpet or rug below in case of a fall

### Crib

- Slats are no more than 2 3/8 inches apart
- Corner posts are 1/16 inch or shorter (or 16 inches or higher if there is a canopy)
- Has no decorative cutouts that can entrap baby's head
- Mattress is firm
- Mattress fits snugly (less than two fingers' width between mattress and side)
- Do NOT use soft, fluffy bedding such as pillows, comforters or sheepskins
- Is positioned away from windows, heaters, lamps, wall decorations, cords and climbable furniture

### Windows

- Install window guards or window stops
- Cut looped window blind cords; use safety tassels and inner cord stops

### Outlets

- Install plates that slide closed over outlets

## Away from home

### Car

- Purchase a car seat intended for infants
- Install it properly, in rear-facing position in middle of back seat
- Practice removing and reinstalling car seat correctly

### Nice to have

- Window shades to block the sun

## General safety

### First aid

- Take an infant CPR class

## Choosing a provider for your baby

You will need to choose your *baby's health care provider* before your baby's birth. The maternity care coordinator will ask you for this information when you come in to do your preadmission appointment with her. Both your health care provider and the nurses at the hospital will want to know the name of your baby's health care provider.

Many parents-to-be are unsure how to choose a provider for their baby. A good place to start is by asking family, friends, your own health care provider and your maternity care coordinator for recommendations. Then, decide whether you want the baby to be cared for by your *family health care provider* or by a *pediatrician* (a health care provider who cares only for infants, babies and children under age 18).

Once you have decided which provider you would like your baby to see, call the provider's office to ask if he or she is accepting new patients or babies into his or her practice. If you would like, you can make an appointment to meet this provider. Many providers will allow a visit before birth at no charge. (There may be a charge, so be sure to ask.)

### Here is a list of questions you may find helpful when you see your baby's new provider:

- What are your office hours?
- How much time is allotted to a sick baby visit?  
A well-baby visit?
- In which hospital do you treat your patients?
- Who is on-call for you when you are not available?
- How do I contact you after hours?
- How do you feel about: circumcision, breastfeeding, baby shots, etc.?
- Is there a lactation consultant available to assist with breastfeeding?
- When is the best time to ask general questions about my infant/child?
- What is the charge for a newborn exam, attending a cesarean birth, circumcision or immunizations?

### After the interview, ask yourself these questions:

- How did he/she respond to my questions?
- Did he/she take time to answer my questions?
- Was he/she easy to talk to?
- Did I feel comfortable talking with this health care provider?

Samaritan also has a physician referral network that can help you find a provider in your area who is accepting new patients. Call 800-863-5241.

## Birth certificates

After your baby is born, you will need to order a legal birth certificate for your baby from the state. Your baby must have a birth certificate to:

- Apply for a Social Security number
- To enter school for the first time or to transfer to a new school system
- To play on certain sports teams
- As part of required identification to apply for a driver's license, marriage license or passport

You may order a legal copy by filling out the order form in your OB Notebook. You may also order a copy from the county health department where your baby was born. Ordering through the county

is available only for babies up to 6 months of age. You will be required to present two pieces of identification. The cost for the birth certificate is \$25 for each copy.

**Order a legal birth certificate from the state online at [vitalchek.com](http://vitalchek.com), or call 888-896-4988, payment by credit or debit card.** Ordering in-person is limited to immediate family members. This may be done at the State Vital Records office: 800 NW Oregon St., Suite 205, Portland, Oregon, Monday through Friday 9 a.m. to 4 p.m. (as of this printing).

Information is available online at [healthoregon.org/chs](http://healthoregon.org/chs) or call 971-673-1190.

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# Resources for expecting and new parents

No matter how well you prepare for parenthood, you still may find that you need a little help at times. Many organizations and services are available both in the mid-Willamette Valley and on the coast to help you prepare the right environment for yourself and for your baby. In addition to the resources listed below, you can call your maternity care coordinator, your health care provider or your hospital for additional suggestions.

Samaritan Health Services also partners with [211info](http://211info.org), a statewide initiative that gives you a place to find the most current list of local resources. **Dial 211 to be connected with your local station, or visit [211info.org](http://211info.org) to find resources online.**

## Willamette Valley area

### Listed by resource

#### Alcohol and drug counseling services

- Albany InReach Services: 541-812-4059
- Benton County Health Department: 541-766-6835 (bilingual)
- Community Outreach: Corvallis, 541-758-3000
- Linn County Health Department: 541-967-3819; East Linn County: 541-451-5932 (bilingual)

#### Baby supplies

- FISH: Albany, 541-928-4460; Lebanon, 541-259-3200
- Love Inc.: Corvallis, 541-757-8111
- Options Pregnancy Center: Albany, 541-924-0160; Corvallis, 541-757-9645
- Pregnancy Alternatives Center: 541-258-3500
- Vina Moses Center: Corvallis, 541-753-1420
- Willamette Crisis Pregnancy Center: 541-367-2447

#### Birth control

- Your family or OB provider
- Benton County Health Department: 541-768-6835
- Linn County Health Department: 541-967-3888

#### Breastfeeding services

- Mid-Valley Breastfeeding Clinic: Albany, appointments, 541-812-5111; lactation line, 541-812-5116
- Samaritan Lebanon Community Hospital Lactation Line: 541-451-7588
- Good Samaritan Regional Medical Center Lactation Line: Corvallis, 541-768-5244
- La Leche League International: 541-766-0055
- Milk Depot, Good Samaritan Regional Medical Center for breast milk donations: 541-768-5244

#### Breast pumps

- Benton County WIC: 541-766-6835
- Linn County WIC: 541-967-3888
- Samaritan Medical Supplies: Corvallis, 541-768-7500; Lebanon, 541-451-6364
- East Linn County WIC: Lebanon, 541-451-5932; Sweet Home, 541-367-3888

#### Car seats and car seat safety

- Child Safety Seat Resource Center: 877-793-2608
- Online: [healthychildren.org](http://healthychildren.org) or [safekidsoregon.org](http://safekidsoregon.org)
- Car Seat Safety: Albany, 541-917-7726; Corvallis, 541-766-6961
- Pregnancy Alternatives Center: Lebanon, 541-258-3500 (income qualification and classes required)
- Sweet Home Pregnancy Center: 541-367-2447 (income qualification and classes required)

#### Cash assistance

- Department of Human Services: Food Stamps (SNAP)/ Cash Assistance (TANF): Albany, 541-967-2078; Corvallis, 541-757-4201; Lebanon, 541-259-5860

#### Child abuse

- 24-hour Child Abuse Hotline: Linn and Benton counties, 541-757-5019; 866-303-4643
- National Child Abuse line: 800-422-4453

## **Childcare**

- Family Connections Linn Benton Community College  
Childcare Resource and Referral: 541-917-4899

## **Classes: prenatal, childbirth and parent education**

- Samaritan Albany General Hospital:  
visit [Pollywogfamily.org](http://Pollywogfamily.org) or call 541-917-4884;  
Spanish, 541-812-4303
- Good Samaritan Regional Medical Center:  
541-768-4752; Spanish, 541-768-5772
- Samaritan Lebanon Community Hospital:  
541-451-7872 (bilingual)
- LBCC Family Resource Center: 541-917-4897
- Fitness During Pregnancy: Corvallis, 541-768-4752
- Pregnancy Alternatives Center: Lebanon,  
541-258-3500
- Early Kidco Head Start: 541-451-1581
- Sweet Home Pregnancy Center: 541-367-2447
- Websites for more information: [samhealth.org](http://samhealth.org);  
[parentingsuccessnetwork.org](http://parentingsuccessnetwork.org)

## **Counseling**

- Benton County Mental Health: 541-766-6844;  
24-hour crisis line, 888-232-7192
- Linn County Mental Health: 541-967-3866;  
24-hour crisis line, 800-304-7468
- East Linn County Mental Health: Lebanon,  
541-451-5932; Sweet Home, 541-367-3888
- Hope for Mothers: Albany, 541-812-4475  
(bilingual)
- Hope and Wholeness Counsel: Albany and Corvallis,  
541-753-9217
- Pastoral Counseling Services: Albany and Corvallis,  
541-753-9217
- Samaritan Mental Health: Albany, 541-812-5060;  
Corvallis, 541-768-5235
- Albany InReach Services: 541-812-4059
- Postpartum Support International: 800-944-4773

## **Domestic violence and abuse**

- CARDV (Center Against Rape and Domestic Violence):  
24-hour crisis line 541-754-0110;  
toll free 800-927-0197

## **Education**

- Albany Options: check with high school counselor for  
transfer process
- LBCC/GED program: 541-917-4710; Spanish services  
line: 541-917-4664
- Community Services Consortium GED Program:  
Albany, 541-928-6335; Corvallis, 541-752-1010;
- HS completion/GED Program Harding Center/College  
Hill Alternative School: 541-757-5945
- High school night school program:  
Lebanon, 541-451-8555

## **Energy assistance**

- Community Services Consortium:  
Albany, 541-928-6335; Corvallis, 541-752-2840
- Consumer Power: 800-872-9036
- Pacific Power: 888-221-7070
- NW Natural Gas: 541-926-4253

## **First aid and CPR classes**

- Good Samaritan Regional Medical Center, Samaritan  
Lebanon Community Hospital and Samaritan Albany  
General Hospital: 541-768-5116

## **Food stamps/cash assistance/WIC**

- Department of Human Services: Food Stamps/Cash  
Assistance: Albany, 541-967-2078;  
Corvallis, 541-757-4201; Lebanon, 541-259-5860
- WIC: Albany, 541-967-3888; Lebanon, 541-451-5932;  
Corvallis, 541-766-6835; Sweet Home, 541-367-3888

## **Food banks/soup kitchens**

### **Food banks**

- FISH of Albany: 541-928-4460;  
Philomath, 541-929-2499;
- Sharing Hands: Brownsville, 541-466-3110;  
Summit, 541-456-2141
- Sweet Home Emergency Ministries: 541-367-6504
- The River Center: 541-451-1271

### **Soup kitchens**

- Salvation Army: Albany, 541-928-4774; Lebanon (walk-in service only at Lebanon Senior Center, 585 Park St.)
- St. Vincent DePaul: Corvallis, 541-757-1988; Lebanon, 541-258-5405; Albany, 541-926-1559
- St. Mary's Soup Kitchen: Albany, 541-926-8562; Corvallis, 541-757-1988

### **Healthy Families**

- Benton and Linn counties: 541-757-8068 ext. 142

### **HIV/AIDS resources hotline**

- 800-777-2437

### **Housing**

- Linn Benton Housing Authority: 541-926-4497
- Community Outreach: 541-758-3000

### **Immunizations**

Call your health care provider or county health department.

- Benton County Health Department: 541-766-6835
- Linn County Health Department: 541-967-3888
- East Linn County: Lebanon 541-451-5932; Sweet Home, 541-367-3888

### **Mental health/counseling services**

- Benton County Mental Health: 541-766-6835, after-hours/crisis line: 888-232-7192
- Linn County Mental Health: 541-967-3866, 800-304-7468; after-hours: 800-560-5535
- Samaritan Mental Health: Albany, 541-812-5060; Corvallis, 541-768-5235

### **Nurse home visitation program**

- Family nurse visit, Maternity Case Management (prenatal)/Baby's First! (newborn to 4 years)/CaCoon (medically fragile children): Benton County, 541-766-6835; Linn County, 541-967-3888

### **Paternity testing**

- DNA Services of America: Eugene, 541-484-7353
- Oregon Paternity Establishment Services (Linn, Benton, Lincoln county): 541-967-2028; 800-850-0228

### **Poison control**

- Oregon Poison Control: 800-222-1222

### **Pregnancy loss support/SIDS (Sudden Infant Death Syndrome)**

- Albany Childbearing Loss Support Group information: 541-812-4307

### **Support enforcement**

- Linn, Benton, Lincoln county: 541-967-2028

### **Teen pregnancy/parenting programs**

- Albany Options: 541-967-4563
- Pregnancy Alternatives Center: 541-258-3500
- Sweet Home Pregnancy Center: 541-367-2447

### **Transportation**

- Cascade West Ride Line: 541-924-8738, 866-724-2975 (Medicaid/OHP and Medicare insurance only)

## **Coastal communities area**

### **Listed by resource**

#### **Alcohol and drug counseling services**

- Lincoln County Health Department: 541-265-4179

#### **Baby supplies**

- Birthright Pregnancy Center: Newport, 541-265-2404

#### **Breastfeeding services**

- Samaritan North Lincoln Hospital: Lincoln City OB/Maternity Department, 541-996-7179
- Samaritan Pacific Communities Hospital: Newport OB/Maternity Department, 541-574-1826
- Public Health Department: Lincoln City, 541-265-4112
- WIC Support Group: 541-265-4115

#### **Breast pumps**

- Samaritan Medical Supplies: Newport, 541-574-1826
- Newport Rental Service: 541-265-5721
- North Coast Home Care: Newport, 541-265-2888; Lincoln City, 541-996-5102

**Car seats**

- Child Safety Resource Center: 800-772-1315
- Lincoln County Health Department: 541-265-4112
- Newport Fire Department: 541-265-9461
- Lincoln City Fire Department: 541-996-2233
- Samaritan Pacific Communities Hospital Education Department: Newport, 541-574-4754

**Car seat rentals**

- Lincoln County Health Department: 541-265-4112
- North Coast Home Care: 541-265-2888
- Newport Rental: 541-265-5721

**Cash assistance**

- Lincoln County Health and Human Services: 541-265-2248 or 541-765-2529

**Child abuse**

- Newport Child Protective Services: 541-265-8557

**Classes: prenatal, childbirth and parent education**

- Samaritan Pacific Communities Hospital Education Department: 541-574-4936
- Samaritan North Lincoln Hospital: 541-994-3661

**Counseling**

- Reconnections Counseling: Lincoln City, 541-994-4198; Newport, 541-574-4860; Toledo, 541-336-5476
- Lincoln County Mental Health: 541-265-4179

**Dental**

- Willamette Dental: 855-433-6825
- Advantage Dental: 888-468-0022, ext. 61857
- Inter-Christian Outreach dental van: 541-272-5005

**Disability services**

- Shangri-La: 541-265-4015

**Domestic violence and abuse**

- My Sister's Place (women's shelter): 800-841-8325

**Education**

- Lifeskills: Newport, 541-265-2283, ext. 110
- ALOC: 541-265-8505

**Employment office:** 541-265-8891

**Energy assistance**

- Central Lincoln Peoples Utilities District: 541-265-5877
- Community Service Consortium: 541-265-8577

**First aid and CPR classes**

- American Red Cross: 541-265-7182
- Samaritan Pacific Communities Hospital Education Department: 541-574-4754
- Samaritan North Lincoln Hospital: 800-804-3202
- Lincoln City Fire Department: 541-996-2233
- Newport Fire Department: 541-265-9461

**Food stamps/cash assistance/WIC**

- Department of Human Services: Newport, 541-265-2248 or 800-426-7089
- Lincoln County WIC: 541-265-4112

**Food banks/soup kitchens****Food banks**

- Adventist Food Pantry: Newport, 541-563-2644
- Food Share of Lincoln County: 541-265-8578
- Lincoln City Food Pantry: 541-994-3699
- Newport Food Pantry: 541-992-5723
- Toledo Food Pantry: 541-270-7921
- Waldport Food Pantry: 541-563-2508

**Soup kitchens:**

- Calvary Baptist Church: Newport, 541-265-5232
- Trinity Methodist Church: Toledo, 541-336-2450

**Housing**

- Lincoln County Housing Authority: Newport, 541-265-5326
- HALC (Housing Authority of Lincoln County): 541-265-5326
- Viridian Management: Lincoln City, 541-994-3393 or 541-265-8860
- Emergency Shelter: 541-265-9234
- Samaritan House (family shelter): 541-574-8898

### **Interpreter**

- Centro De Ayuda: 541-265-6216

### **Immunizations**

- Health departments: Newport, 541-265-4112;  
Lincoln City, 541-994-0227

### **New mom/dad and baby classes**

- OSU Extension Services: 541-574-6534

### **Poison control**

- 800-222-1222

### **Support enforcement**

- Child Support Enforcement Program:  
800-850-0228 or 800-850-0294

## **Valley resources**

### **Listed alphabetically**

#### **Albany Childbearing Loss Support**

**Group information:** 541-812-4307

**Albany Indoor Park:** 541-967-0281

**Albany InReach Services:** 541-812-4059

**Albany Options:** 541-967-4563

**Albany Rental:** 541-967-2789; Corvallis,  
541-753-2214 (toddler only)

**American Red Cross:** Albany, 541-926-1543;  
Corvallis, 541-753-6628

#### **Benton County Health Department:**

541-766-6835

**Benton County Mental Health:** after hours/crisis line:

888-232-7192

**Benton County:** 541-766-3548

**Car Seat Safety:** Albany, 541-917-7700, ext. 7732;  
Lebanon, 541-258-3500; Corvallis, 541-766-6961

#### **CARDV (Center Against Rape and Domestic Violence):**

24-hour crisis line 541-754-0110; 800-927-0197

**Cascade West Ride Line:** 541-924-8738

**Child Abuse Hotline:** 541-967-2060  
(after-hours 911)

**Child Safety Seat Resource Center:** 800-772-1315

**Community Outreach:** Corvallis, 541-758-3000

#### **Community Services Consortium GED Program:**

Albany, 541-928-6335; Corvallis, 541-752-1010;  
Lebanon, 541-451-1071

#### **Community Services Consortium:**

Albany, 541-926-7163; Corvallis, 541-752-2840;  
Lebanon, 541-451-4408

**Consumer Power:** 800-872-9036

#### **Corvallis office and Child Abuse Hotline:**

541-757-4121 (after-hours 911)

**Corvallis Pregnancy Center:** 541-757-9645

#### **Department of Human Services: Food Stamps/Cash**

Assistance: Albany, 541-967-2078;

Corvallis, 541-757-4201; Lebanon, 541-259-5860

#### **East Linn County Mental Health:**

Lebanon, 541-451-5932; Sweet Home, 541-367-3888

**East Linn County WIC:** 541-451-5932

**East Linn County:** Lebanon 541-451-5932,

Sweet Home 541-367-3888

**Elm Street Pharmacy:** Albany, 541-812-5071

#### **Family Connections Linn Benton Community College**

**Childcare Resource and Referral:** 541-917-4899

**FISH Albany:** 541-928-4460; Philomath,

541-929-2499; Lebanon, 541-259-3200

#### **Home Medical Equipment & Supplies: Samaritan Medical**

Supplies, 541-752-9621, 541-451-6364

#### **Good Samaritan Regional Medical Center Lactation Line:**

Corvallis, 541-768-5244

#### **Good Samaritan Regional Medical Center:**

541-768-5111 or 888-872-0760

**LBCC Family Resource Center:** 541-917-4897,

541-917-4949

**LBCC/GED program:** 541-917-4710,

Spanish services line: 541-917-4664

**LeLeche League:** 847-519-7730

**Linn-Benton Housing Authority:** 541-926-4497

**Linn-Benton Mediation Services:** 541-928-5323

**Linn County Health Department:** 541-967-3888;

East Linn County: 541-451-5932

**Linn County Mental Health:** 541-967-3866,

800-304-7468, after-hours: 800-560-5535

**Linn County Healthy Start:** 541-924-6910,  
800-304-7468

**Mid-Valley Children's Clinic Lactation Services:**  
Albany, 541-812-5111, 541-812-5116

**New Hope Pregnancy Center:** Albany, 541-924-0166

**NW Natural Gas:** 541-926-4253

**Oregon Poison Control:** 800-222-1222

**Pacific Power:** 888-221-7070

**Pastoral Counseling Services:** Albany, 541-926-6132;  
Lebanon, 451-5015; Corvallis, 541-753-9217

**Paternity Testing — DNA Services of America:**  
Eugene, 541-484-7353

**Philomath Neighbor to Neighbor:** 541-929-2412

**Pregnancy Alternatives Center:** 541-258-3500

**Pregnancy Loss Support Group:** Albany, 541-812-4307

**Salvation Army:** Albany, 541-928-4774;  
Corvallis, 541-758-1178

**Samaritan Lebanon Community Hospital Lactation Line:**  
541-451-7588

**Samaritan Mental Health:** Albany, 541-812-5060;  
Corvallis, 541-768-5235

**Samaritan Pediatrics Lactation Clinic:**  
Corvallis, 541-768-4900

**Samaritan Pharmacy:** Corvallis, 541-768-5225;  
Albany, 541-812-5070; Lebanon, 541-451-7119

**Sharing Hands:** Brownsville, 541-466-3110;  
Summit, 541-456-2141

**SIDS (sudden infant death syndrome) 24-hour  
support hotline (and support group information line):**  
541-928-9292

**St. Mary's soup kitchen:** Albany, 541-926-8562;  
Corvallis, 541-757-1988

**St. Vincent DePaul:** Corvallis, 541-757-1988;  
Lebanon, 541-258-5405; Albany, 541-928-1559

**Sweet Home Emergency Ministries:**  
541-367-6504

**Sweet Home High School:** 541-367-7114

**Sweet Home Pregnancy Center:** 541-367-2447

**WIC:** Albany, 541-967-3888; Lebanon, 541-451-5932;  
Corvallis, 541-766-6835; Sweet Home, 541-367-3888

## Coastal resources

### Listed alphabetically

**Advantage Dental:** Newport, 888-468-0022, ext. 61857

**Adventist Food Pantry:** Newport, 541-563-2644

**ALOC:** 541-265-8505

**Alternative School:** Lincoln City, 541-996-2115  
(Wise Program)

**American Red Cross:** 541-265-7182

**Birthright Pregnancy Center:** Newport, 541-265-2404

**Cascades West Ride Line (non-emergency medical  
transport for Medicaid/OHP clients):** 541-924-8738

**Central Lincoln Peoples Utilities District:**  
541-265-5877

**Centro De Ayuda (Spanish Interpreter):**  
541-265-6216

**Child Safety Resource Center:** 800-772-1315

**Child Support Enforcement Program:**  
800-850-0228, or 800-850-0294

**Community Service Consortium:** 541-265-8577

**Department of Human Services:**  
Newport, 541-265-2248, 800-426-7089

**Emergency Shelter:** Newport, 541-265-9234

**Employment Office:** 541-265-8891

**Family Promise of Lincoln County (shelter,  
day center):** 541-614-0964

**Food Share of Lincoln County:** 541-265-8578

**Food Stamps (SNAP):** 541-265-2248

**Head Start:** Lincoln County, 541-996-3028;  
Newport, 541-574-7690; Toledo, 541-336-5113

**HALC (Housing Authority of Lincoln County):**  
541-265-5326

**Lifeskills:** Newport, 541-265-2283, ext. 110

**Lincoln City:** 541-994-0227

**Lincoln City Fire Department (car seat assistance):**  
541-996-2233

**Lincoln City Food Pantry:** 541-994-3699

**Lincoln County Health and Human Services:**  
541-265-2248, 541-765-2529

**Lincoln County Health Department:** 541-265-4112

**Lincoln County Housing Authority:**  
Newport, 541-265-5326

**Lincoln County Mental Health:** 541-265-4179

**Lincoln County WIC:** 541-265-4112

**My Sister's Place (women's shelter):** 541-574-9424;  
24-hour hope line: 541-994-5959

**Native American Siletz Community Health Clinic:**  
541-444-1030

**Newport:** 541-265-4112

**Newport Child Protective Services:** 541-265-8557

**Newport Fire Department (car seat assistance):**  
541-265-9461

**Newport Food Pantry:** 541-992-5723

**Newport Rental Service:** 541-265-5721

**North Coast Home Care:** Newport 541-265-2888;  
Lincoln City 541-996-5102

**OSU Extension Services:** 541-265-4107

**Poison Control:** 800-222-1222

**Reconnections Counseling:** Lincoln City, 541-994-4198;  
Newport, 541-574-9570; Toledo, 541-336-5476

**Samaritan Health Clinics:** Depoe Bay, 541-765-3265;  
Lincoln City, 541-996-7480; Newport, 541-574-4860;  
Toledo, 541-541-574-2730; Waldport, 541-563-3197

**Samaritan North Lincoln Hospital:**  
541-994-4440, 541-574-3661

**Samaritan North Lincoln Hospital:** Lincoln City,  
OB/Maternity Department, 541-996-7179

**Samaritan Pacific Communities Hospital:**  
Newport, OB/Maternity Department: 541-574-1826

**Shangri-La:** 541-265-4015

**Viridian Management:** Lincoln City, 541-994-3393;  
Newport, 541-265-8860

**Waldport Food Pantry:** 541-563-2508

**WIC:** Newport, 541-265-4163

**Willamette Dental:** 855-433-6825

**WorkSource Oregon: Unemployment questions;**  
877-345-3484; Lincoln City, 541-994-6992;  
Newport, 541-265-8891

**Yachats Youth & Family Activities Program:**  
541-547-4599







Samaritan  
Health Services

[samhealth.org](http://samhealth.org)

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