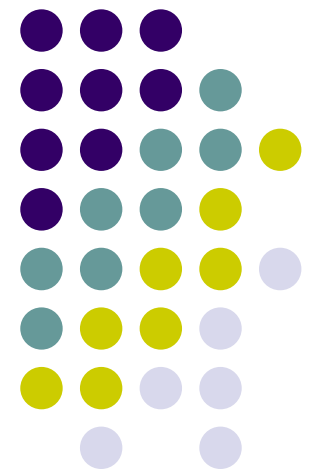
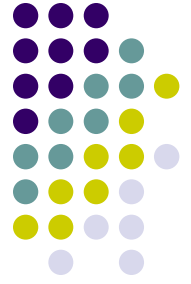


# Brandon RHA Public Health Services Prenatal Class Session 4

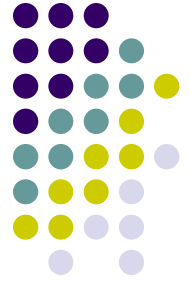


April 2010  
Prenatal  
Coordinator  
578-2544

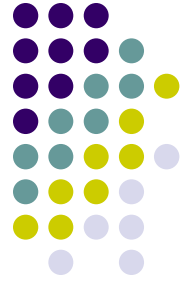
# Breastfeeding & Infant Care



# Advantages of Breastfeeding for Mother



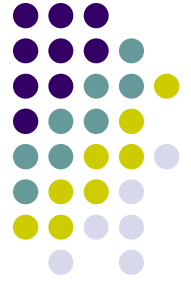
- Increased intimate contact with baby
- Convenient and economical – Breast milk needs no sterilizing, mixing or heating. It's always safe, fresh and exactly the right temperature and its FREE
- Helps mom return to pre-pregnancy shape. Breastfeeding burns an extra 500 calories per day.



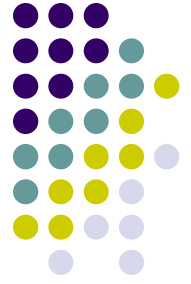
# Benefits for Mom continued

- Decreased risk of breast cancer, ovarian cancer, and osteoporosis for a breastfeeding mother as well for her breastfed daughter in adulthood.
- Natural contraceptive, delays menses
  - REMEMBER: Even with no period, you could be ovulating and therefore can become pregnant.
- Psychological Advantages: Bonding, empowerment, pride, fulfillment, decreased stress.

# Advantages of Breastfeeding for Baby

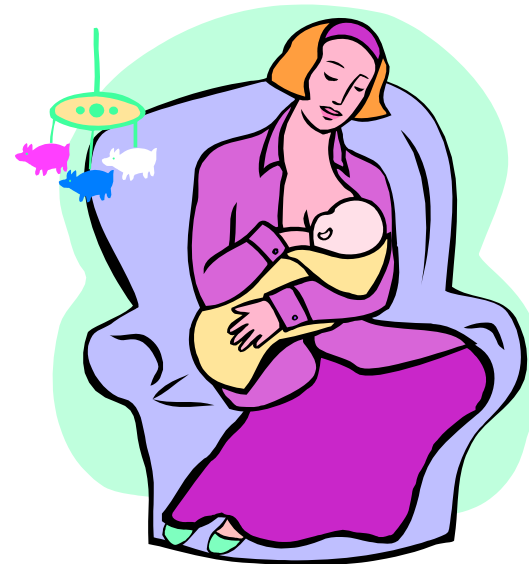


- Antibodies and immunities are transferred through the breast milk from the mom and act to protect baby. If illness does occur it is usually less severe and lasts for a shorter length of time.
- Babies who are breastfed have lower rates of allergies, asthma, and childhood cancers. As they age they have lower rates of obesity, diabetes, heart disease and more.
- Breast milk is a living substance and it changes with your baby's needs.
- Optimal for jaw, tooth, and speech development.
- Breast milk is high in protein and fat which is optimal for brain growth and development. Evidence is showing that those who were breastfed have higher IQ's.
- Psychological Advantages: Attachment, bonding, security, skin and eye contact.



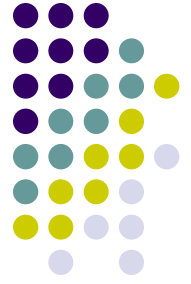
# More Advantages for Baby

- Decreases risk of:
  - Gastrointestinal illness
  - Respiratory illness
  - Ear infections
  - Childhood cancer
  - Diabetes
  - Crohn's disease
  - Colitis
  - Bacterial infection



If your breastfed child does become ill its usually less severe and of shorter duration.

# 10 Breastfeeding Myths



## **Myth 1: Many women don't produce enough milk**

Its very rare that women can't produce enough milk. Your milk supply is based on demand and supply. The more the baby is at the breast, the more milk you will produce.

### **REMEMBER when starting breastfeeding:**

**“Feed early”** within the first hour of birth the baby has the strongest urge to suck

**“Feed often”** this helps your milk to come in, prevents engorgement and lets the baby practice while the nipple is soft and easy to grasp. For the first six weeks of life try not to set up a schedule or watch the clock, follow your babies cues, and feed when they are hungry.

**“Find a support network”** family/friends who have had success with breastfeeding, your public health nurse, Lactation Consultant or the La Leche League



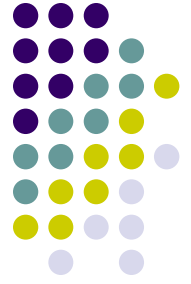
## **Myth 2: There is not enough milk during the first 3-4 days after birth**

- Colostrum (also known as the first milk) delivers its nutrients in a very concentrated low-volume form.
- Newborns have very small digestive systems and so not a lot is needed within the first few days to fill them up.
- Colostrum is rich in proteins and antibodies. These antibodies provide passive immunity while growth factors stimulate the development of the gut.
- Colostrum also acts as a mild laxative effect, encouraging the passing of the baby's first stool, which is called Meconium.
- It may seem baby isn't taking in much in those first few days but they are getting what they need as well helping to bring mom's full milk in each time they suckle at the breast.

## **Myth 3: It is easier to bottle-feed**

Breastfeeding can seem like a challenge in those first few days after birth when mom and baby are learning but with a little practice and support from those around you breastfeeding is very convenient. Breast milk needs no sterilizing, mixing or heating. It's always safe, fresh, exactly the right temperature, and it's FREE.

# Myth's continued



## **Myth 4: Breastfeeding ties the mother down:**

Breastfeeding can seem challenging in the first few weeks after giving birth, but once mom and babe get the hang of it, its quite convenient as you can do it anywhere, all you need is a diaper bag and your baby.

## **Myth 5 : If the mother is sick, she should stop breastfeeding:**

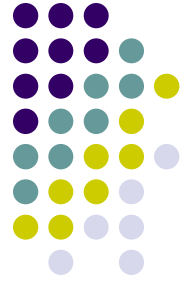
Every time a baby is breastfeeding they are receiving antibodies from their mom. Even when mom is sick she is passing antibodies from her current illness that will protect and often prevent her baby from getting sick.

## **Myth 6 : If the baby has diarrhea or vomiting, the mother should stop breastfeeding:**

It is important to breastfeed MORE if the baby is ill. This will provide the baby with extra fluids and antibodies that he/she needs.

## **Myth 7: If the mother is taking medications she should not breastfeed:**

Most medications are safe to use while breastfeeding. ALWAYS talk to your doctor or pharmacist about what medications are prescribed to you and if they are safe when breastfeeding.



**Myth 8: A woman cannot get pregnant if you are exclusively breastfeeding:**

It is possible to become pregnant while breastfeeding. Ovulation occurs BEFORE menstruation, therefore you can get pregnant before your period returns. Talk to your doctor about birth control options.

**Myth 9: A woman who becomes pregnant must stop breastfeeding:**

Pregnant women can still breastfeed. Some women continue to breastfeed their older child and new baby.

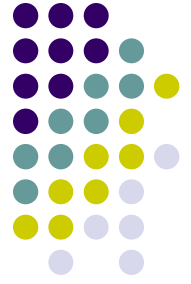
**Myth 10: Breastfeeding is blamed for everything:**

Breastfeeding is often blamed for maternal fatigue, colicky babies etc. However, switching to formula rarely solves anything. Formula fed babies can also be exhausting and colicky. Breastfeeding provides many wonderful benefits to both mom and baby...breastfeeding causes healthy babies!

# Newborn Characteristics

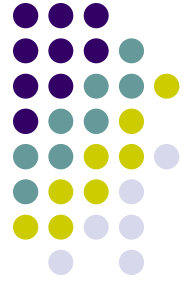


# Vernix



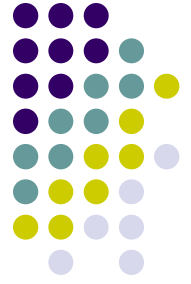
- Vernix Caseosa is the white, creamy, cheese-like substance that serves as a protective skin covering for the fetus while in utero. It is gradually absorbed by the skin.
- It may form a thick covering between 36-38 weeks of gestation.
- By 40 weeks, Vernix is usually found only in the skin folds.
- The Vernix is present in greater amounts on premature infants.

# Cyanotic Hands & Feet



- Localized cyanosis (blue-gray coloration) of the hands and feet is common in the newborn due to slow circulation in blood vessels in hands and feet and around their mouth. It is a result of the sluggish peripheral circulation in the newborn.
- Keeping baby warm improves color.

# Molded Head



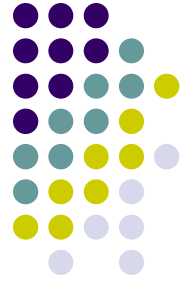
- Baby's head molds to fit easier through the birth canal.
- The **head** will return to a round shape within a few days.

# Unmolded Head



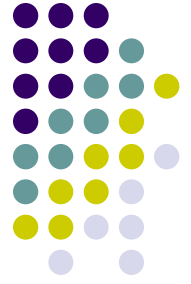
- A baby born by cesarean section in which no labor through the birth canal has occurred will have a head shaped (normally) more rounded.
- The newborn has a head size that is disproportionately large – about 25% of the total body length – with the cranium and forehead especially prominent.

# Puffy Face



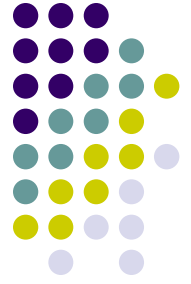
- The pressure of the cervix and vaginal walls on the head in a vertex-presenting birth causes swelling of the cheeks and eyelids.
- Most of the swelling will resolve within the first day.

# Cephalhematoma



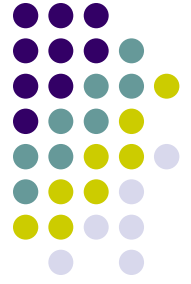
- Normal childbirth can cause swelling on the newborns scalp. The (effusion) collection of blood is called Cephalhematoma.
- The swelling may occur on one or both sides of the head
- Seldom visible when an infant is born, this swelling may not be noticed for several hours because bleeding between the tissue surrounding the bones and the scalp occurs slowly.
- The size of the hematoma increases gradually until about the seventh day after birth.
- A Cephalhematoma slowly reabsorbs without treatment –in two weeks to three months after birth.

# Milia



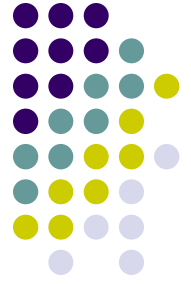
- These are very small, white cysts on the skin of newborns and are caused by obstruction of hair follicles or sebaceous gland secretions.
- They are usually on the chin, cheeks, and bridge of the nose.
- They are commonly thought to be whiteheads.
- They should not be squeezed and do not need to be treated with medication. They will disappear spontaneously within the first few weeks of life.

# Sucking Blister



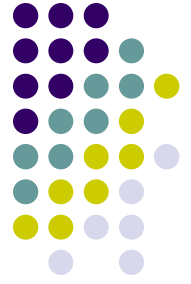
- The skin of a newborn's lips may peel repeatedly. No treatment is needed for the sucking blisters.

# Dry, Peeling Skin



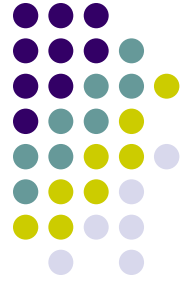
- Dry and peeling skin is normal for a newborn – commonly on the palms of the hands and soles of the feet, wrists and ankles.
- This results from skin, which has been in a water environment for nine months, being exposed to air.
- No treatment is necessary. Using oils or lotions may worsen the condition by causing a rash.
- Bathing your baby less will also help keep skin moist

# Cradle Cap



- Cradle cap is loose, dry peeling skin on the scalp. It may be yellow, scaly and crusty.
- Symptoms: yellow, scaly, crusty scalp.
- A small amount of baby oil may help remove this flaky skin.
- Some experts recommend that the scalp be washed daily and then brushed with a very soft bristle brush to help prevent cradle cap.

# General Rash



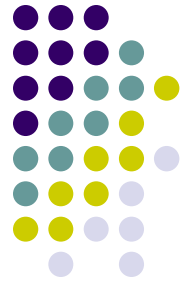
- Commonly called “newborn rash,” this rash’s medical name is Erythema Toxicum.
- A blotchy rash may appear in the first few days of life. Most likely a result of being in a new environment.
- It may appear on any part of the skin, except the palms of hands and soles of feet.
- It develops most frequently on the back, shoulders, and buttocks.
- This rash occurs in 30-70% of newborns and resolves without treatment within two weeks.

# Swollen Breast Tissue



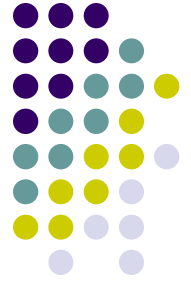
- May occur in both female and male newborns' breast tissue.
- This is due to the excess of hormones passed to the fetus just prior to birth.
- A filmy discharge may also be present and is not a cause for concern.

# Swollen Labia & Discharge



- Also caused by the mother's hormones that have passed to the fetus (baby) in utero.
- The labia in female newborns may be swollen and red, and there may even be a slight discharge of mucus or a few drops of blood.
- No treatment is necessary. It will usually be gone within the first week of life.

# Swollen Scrotum



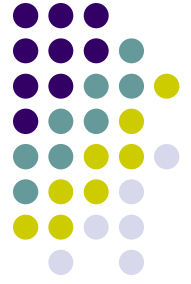
- Male infants often have a (swollen) large, red or darkened scrotum at birth. This is because of maternal hormones passing to the fetus during pregnancy.
- Swelling will resolve without treatment. If swelling seems to fluctuate or persist beyond 3-6 months, discuss with your healthcare provider.

# Cross-Eyed Appearance



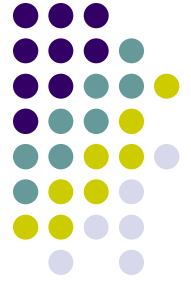
- Pseudo strabismus, or “cross-eyed” appearance, is due to poor muscle control in the newborn. Eyes may not move in coordinated fashion for the first week or so.
- Cross-eyed appearance is also an illusion created by flatness of the bridge of the nose. This is common in newborns along with the wide fold that covers the edge of the eye.

# “Stork Bites” Birthmark



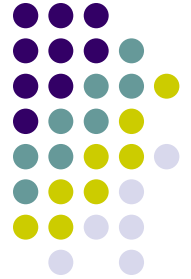
- “Stork Bite” birthmark is made up of flat, pale, pink blood vessels found on the nose, eyelids and nape of the neck.
- “Stork bites” blanch with pressure and are most visible when the infant is crying or tired.
- They usually fade slowly during infancy and disappear by 2 years of age.

# Mongolian Spot



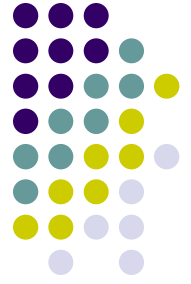
- A Mongolian spot is a bluish-gray spot at the base of the spine that gradually fades during the first or second year of life.
- The spot is common in newborns with dark or olive skin tones for example Asian, First Nations and African American infants.

# Lanugo Hair



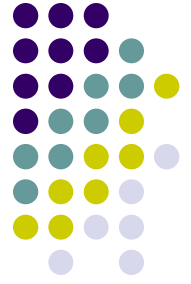
- This fine, downy hair that covers the fetus while in utero gives the newborn a slightly “fuzzy” appearance.
- Lanugo is usually found only on the shoulders, back and upper arms at birth.
- It is gradually removed by friction of clothing and bed linen.

# Vacuum Extractor “Cap”



- Actual skin bruises may result from the pressure of the suction cap. These will go away as any bruise does – without treatment.

# Forceps Mark



- After a forceps delivery, the newborn may have reddened areas on the cheeks and jaws or small “C” – shaped bruise marks.
- The marks will disappear within a day or two.
- In extreme cases, or a very difficult delivery there may be temporary, partial paralysis of some of the facial nerves.

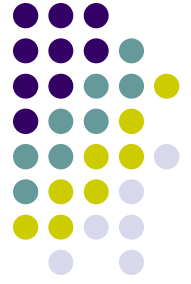
# Suctioning



- This procedure is usually done as the (fetal) baby's head emerges – before the baby is fully delivered.
- The nose and mouth are suctioned with a bulb syringe to clear the airway for the first breath.
- More complete suctioning can be done with a suction tube inserted in the mouth and throat.

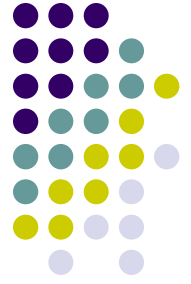


# Temperature Monitoring



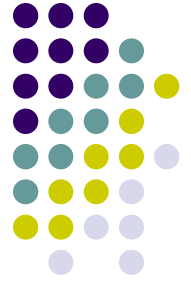
- The Axillary (armpit) method is the preferred method for newborns.
- Normal range: 36.5 °– 37 ° C, (97.7° – 98.6° F).
- Temperature can be unstable at first because newborns have immature temperature regulation abilities.
- A wet newborn will cool rapidly in a room that is perhaps 20 degrees F cooler than the temperature in utero.
- Every attempt should be made to dry the infant soon after birth and to place him with his mother, in a warmed blanket, or on a warming table.
- Many hospitals put small knitted caps on newborns to help conserve body heat. Forty percent of one's body heat is lost through the head.

# Warmed on Mother's Chest



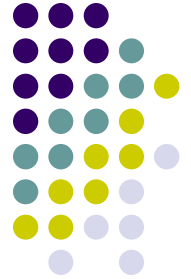
- In a normal delivery, where the baby is healthy and in good condition, it is standard procedure for the mother to hold the baby against her chest immediately following birth.
- The warmth of the mother's skin against the baby's skin is a good transition for the baby from the warmth and security of the womb to the outside world.

# Heat Regulation



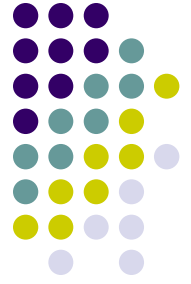
- When the newborn is examined shortly after birth, he/she is usually placed on a special examining table with a radiant heat panel above to help keep her from losing body heat during the exam.
- Sometimes a heat sensor is taped to her abdomen to regulate the amount of heat generated by the panel.

# Eye Medication



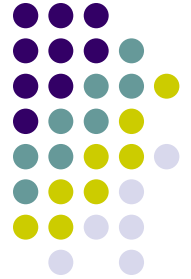
- It is routine practice for healthcare providers to place antibiotic drops in the eyes of all newborns immediately after birth.
- The purpose is to prevent a serious eye infection that can get into the baby's eyes during birth. Infected infants could suffer permanent blindness.
- If you are uncomfortable with this procedure talk with your healthcare provider ahead of time and put it into your birth plan.

# Vitamin K Injection



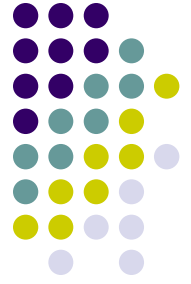
- By the end of pregnancy, the vitamin K supplied by the mother to the baby in utero is depleted.
- An intramuscular injection of vitamin K is given to the baby to prevent excessive bleeding in the neonatal period when normal body production of the vitamin is low.
- This injection is usually done shortly after birth in most newborn nurseries.
- If you are uncomfortable with this procedure talk with your healthcare provider ahead of time and put it into your birth plan.

# Heel Stick for Metabolic Screening



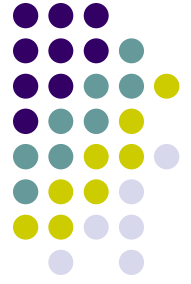
- Metabolic screening is done on all babies before discharge home. Testing is done to detect metabolic disorders.
- Also used for Bilirubin testing (jaundice).
- A small blood sample is obtained by using a pediatric-size needle to stick the heel of the infant and draw a few drops of blood. This blood sample will be used to measure the exact concentration of serum Bilirubin in the infant's blood.
- If baby is jaundiced phototherapy is given by exposing the infant's skin to high-intensity light sources. Patches protect the baby's eyes during this process. The Bilirubin circulated to the skin is broken down by exposure to light and is excreted through the baby's urine.
- Phototherapy is continued until the serum Bilirubin levels fall to within normal limits.

# Weighing



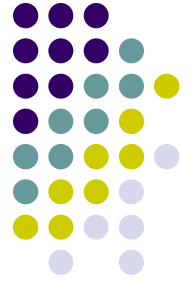
- Weighing of the newborn is sometimes done just after birth or within the first hour to two.
- The average weight of a full-term infant is 7 ½ lb.
- Ninety-five percent of infants weigh between 2500 grams (5 ½ lb) and 4259 grams (9 ½ lb).
- There is often some weight loss (usually around 10% of birth weight) during the first 3-5 days of life. This weight is usually regained by around two weeks of age.

# Measuring



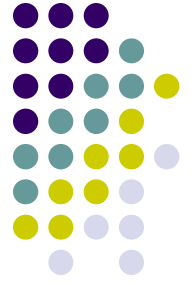
- Length is usually measured soon after birth as a baseline to compare to further growth measurements.
- The average length of a full-term infant is 51cm (20 inches).

# Sponge Bath



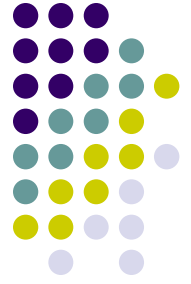
- Bathing a newborn in a tub may be frightening at first to both infant and parent, a sponge bath is a good alternative. It also minimizes exposure of the cord stump to water borne infections while it is healing.
- The parent should assemble all items needed: a clean towel, soft washcloth, cotton balls, mild soap, and a basin of warm water.
- Nurse or midwife usually does the first sponge bath. You will be taught how to do a tub bath before you go home.
- Key Steps: Make sure baby is safe. Wash from clean to dirty (start at head and end with bottom)

# Shampoo



- Holding the baby securely, gently soap the scalp with no-tear shampoo.
- Rinse thoroughly with clear water.
- A plastic tub designed for bathing infants is helpful, or a large sink will work. Sponge mats for the tub or sink are available.

# Cord Clamping



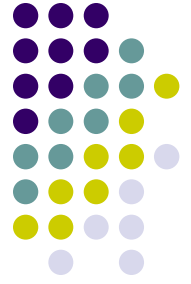
- Keep the cord clean and dry exposing to the air as much as possible to help the healing process.
- Parents are encouraged to keep the diaper folded below the cord.
- Use a cotton swab dipped in water to clean the base of the cord next to the skin.
- If the skin next to the cord becomes, red, swollen or has green or yellowish discharge, you can use a cotton swab dipped in rubbing alcohol.
- The stump will dry up and fall off within 10-14 days of birth, but it may stay on the infant for up to three weeks.
- To help dry out the stump try not to submerge stump under water when bathing.

# Cord Clamping



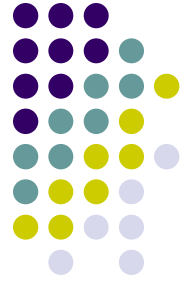
- This shows a reddened cord stump. An infected cord stump may look similar to this with red inflamed skin at the base.
  - Call your health care provider if there is bleeding (more than a few drops) or drainage from the cord or around the cord.
- or
- If there is redness or swelling around the cord, or if you notice a foul smell from the cord.

# Swaddling



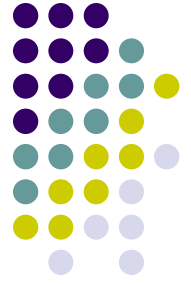
- Wrapping a fussy newborn snugly in a receiving blanket may help calm the baby.
- It provides warmth and security, which the baby became accustomed to in the close quarters of the womb.

# Sleeping on Back



- The Canadian Pediatric Society recommends that infants be placed on their backs for sleeping.
- Babies who sleep on their backs are at decreased risk of Sudden Infant Death Syndrome (SIDS).
- There are a few situations in which placing infants on their stomach may be preferred, i.e. if baby has a medical problem. This decision should only be made by your healthcare provider.

# The Foreskin

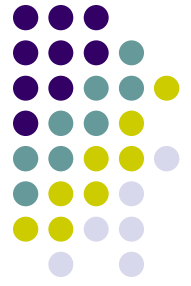


Uncircumcised  
Penis

Circumcised Penis

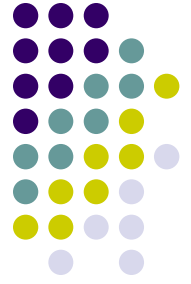
- Pictured is a newborn with normal foreskin intact.
- The foreskin of a newborn should not be forced back. The foreskin is not full retractable until the boy is 3 to 5 years old or later.
- Gently rinse the baby's penis while bathing him.
- It is normal for the foreskin to retract easily. The foreskin will separate on its own completely without intervention as the infant develops.
- The second picture shows a circumcised penis.
- Please refer to the website for more information on the Circumcision procedure

# Rooting Reflex



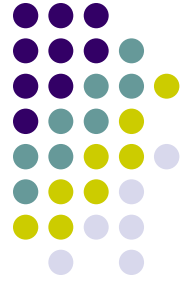
- This is a reflex that causes the baby to open his mouth and turn his head toward anything that touches his cheek.

# Moro Reflex



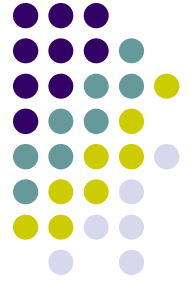
- Also called the “startle reflex”, the Moro reflex indicates an awareness of equilibrium in the newborn and can be used as a gauge of gestational/ neurological development.
- The reflex is usually elicited when the baby is lying quietly.
- A sudden change in position or a loud noise will cause the baby to draw his legs up and to bring his arms forward in an embracing motion. The baby will also cry.
- The baby’s movements are generally symmetrical.
- This reflex usually disappears between 3-6 months of age.

# Grasp Reflex



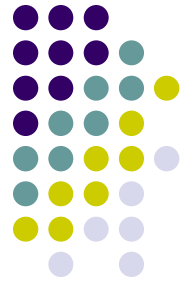
- The grasp reflex is present at birth in both hands and feet in infants of normal gestational age. It diminishes by the fourth month of life.
- An infant will grasp any object placed in her hands; cling briefly, and then let go.

# Tonic Neck Reflex



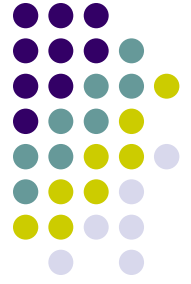
- The infant assumes a “fencing” position.
- When lying on her back, baby will rotate their head to one side and extends the arm and leg that they face. The opposite arm and leg are flexed.
- This reflex commonly disappears by the seventh month of life and is used to assess gestational maturity.

# Walking Reflex



- This is also called “stepping” or “dancing” reflex.
- When the infant is held upright and one foot is allowed to touch flat on a surface, the infant will step with one foot and then the other in a walking motion.
- After the reflex diminishes (1-2 months), the infant will usually not attempt stepping motions until he is ready stand and walk.

# Babinski Toe Reflex



- The infant will fan his toes apart when his foot is stroked from the heel upward and across the ball of the foot.
- A sign of gestational maturity, this reflex usually disappears by 1 year of age.

# Plantar Toe Reflex



- The infant will curl her toes inward and downward if the ball of her foot is pressed – as if trying to grasp something.
- This is a sign of gestational maturity that will disappear by the fourth month of life.

*The End*

